



Most Precious Blood School – FAMILY Enrollment

2018-2019

School Year _____ Returning Family _____ New Family _____ Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information

First Name _____ Last Name _____

____ Living _____ Deceased

Education (check highest level reached):

____ Grade School _____ High School _____ College Courses

____ College Degree _____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Father's or Guardian's Information

First Name _____ Last Name _____

____ Living _____ Deceased

Education (check highest level reached):

____ Grade School _____ High School _____ College Courses

____ College Degree _____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

List Children who will attend Most Precious Blood School:

List all other children in family:

	NAME	BIRTH DATE (mon/day/year)	AGE
1			
2			
3			
4			
5			

	NAME	BIRTH DATE (mon/day/year)	AGE
1			
2			
3			
4			
5			

Children live with: _____ Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather
_____ Other: _____

Parents' Marital Status: _____ Married _____ Single, never married _____ Divorced* _____ Separated*
_____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent read English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____



Diocese of Fort Wayne – South Bend

Office Use Only

Last Name: _____ Student ID: _____

Baptism Certificate on file? _____ Birth Certificate on file? _____

Most Precious Blood School – STUDENT Enrollment

(Each child attending Most Precious Blood School must have this form on file)

[Please Print!]

Entering Grade _____ in _____ (school year).

Preschool Options: _____ 3 Year Old: M-F _____ 3 Year Old: Tuesday-Thursday

_____ 4 Year Old: M-F _____ 4 Year Old: Tuesday -Thursday

(An interview will be required for students new to the school and enrolling in grades 2 – 8)

Student's Name: _____ Sex _____

First (Middle) Last

Date of Birth (Mon/Day/Year) _____

City, State & Country of Birth _____

Address: _____

(Street Address)

Home Phone: _____

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please bespecific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

____ No, not Hispanic / Latino

____ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

____ American Indian or Alaskan Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

Student's Religion: _____

Baptism: Date: _____ Church: _____ City: _____ State: _____

Holy Communion: Date: _____ Church: _____ City: _____ State: _____

Confirmation: Date: _____ Church: _____ City: _____ State: _____

Did this child attend Most Precious Blood School last year?

If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Has this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? _____ Yes _____ No If yes, what services were received? _____

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school). (P4020).

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current (4020).