



Attention: In-House Families need only complete the 5 checked areas unless there have been changes since 2009-2010.

APPLICATION FOR ADMISSION 2010-2011

Please return this Application Packet with a non-refundable fee of \$75.00 per family.

Checks and money orders should be made payable to Queen of Angels Catholic School.

As Queen of Angels Catholic School is a private, non-public institution, the administration reserves the right to terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows.

These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time.

STUDENT DATA:

Please Print

✓ **GRADE IN SEPTEMBER 2010:** _____

✓ Student's Last Name:		✓ First:	✓ Middle:
Address:			Male / Female:
City:	State:	Zip:	Phone:
Date of Birth:	Age as of 9/1/10:		Social Security Number:
Birth Certificate No:			
Birth City / State:		Public School District: (where you live)	
Religion:		If Catholic, parish, location and diocese:	
Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island			
Current School:		Address of Current School:	

FAMILY DATA: *(Please Print)*

✓ **SIGNATURE:** _____

MOTHER (First, Maiden & Last)

FATHER

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Greensburg Central Catholic Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Greensburg Central Catholic Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

Student resides with: Both Parents Mother only Father only Guardian

CHECK ALL THOSE THAT APPLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Parents Married | <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced |
| <input type="checkbox"/> Parents not married | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Father Remarried |

GUARDIANSHIP (if applicable)

Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical/shared custody

Student's legal guardian (if other than parent) _____

Relationship to the student _____

School mail (Grades, Discipline, Tuition Statements, etc...) will be sent only to the address in the STUDENT DATA section of the application unless an additional name/address is supplied below.

Name: _____

Address: _____

Please note any medical or dietary information necessary for management in an emergency situation, e.g. allergies, medication, special conditions:

BROTHERS / SISTERS IN ORDER OF BIRTH:

	<u>Name</u>	<u>Male/Female</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

SACRAMENTAL INFORMATION:

<u>Date</u>	<u>Church</u>	<u>Address</u>
_____	_____	_____
Baptism	_____	_____
_____	_____	_____
Reconciliation	_____	_____
_____	_____	_____
Confirmation	_____	_____

New Families, please attach copies of immunization records .

OFFICE USE ONLY:
Finance Office: Check Cash Date Received _____