



St. Patrick School

New Family Application

Father's First Name _____ Last Name _____

Email & Primary Phone Number: _____

Mother's First Name _____ Last Name _____

Email & Primary Phone Number: _____

Address _____

Applicant (Child) Name _____ Age ____ DOB _____

Applicant (Child) Name _____ Age ____ DOB _____

Applicant (Child) Name _____ Age ____ DOB _____

Applying for Grade(s): _____

If accepted, do you plan to have your child(ren) attend St. Patrick School through 8th Grade? Yes _____ No _____ Maybe _____

Please elaborate on your plans for your child(ren) attending through 8th Grade at St. Patrick School:

Do you have older children? Yes _____ No _____

If yes, what school(s) do they attend? _____

Have you taken a private tour of St. Patrick School? Yes _____ No _____

Do you currently belong to a Parish? Yes _____ No _____

If yes, which one? _____

Has your child/children been Baptized? Yes _____ No _____