



SECTION ONE: FAMILY INFORMATION

Parent(s)/Guardian(s) Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Language spoken in the home: (check one) English Spanish Both English & Spanish Other: _____

SECTION TWO: RETURNING STUDENT(S)

Child's Name	Grade in 2018-19

Current School: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's

Child's Name	Grade in 2018-19

Current School: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's

Child's Name	Grade in 2018-19

Current School: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's

Child's Name	Grade in 2018-19

Current School: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's

SECTION THREE: (OPTIONAL) NEW STUDENT:

Child's Name	Grade in 2018-19

Date of Birth: _____ Previous School, if applicable: _____

Preferred School: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's

Gender: Male Female

(see back side for additional new student slots)

SECTION FOUR: TUITION & TUITION ASSISTANCE

Check the box that applies: Tuition Paying Family New Choice Family Continuing Choice Family

SECTION FIVE: ENROLLMENT CHANGE

My child(ren) will not be returning for 2018-19. Reason: _____

SECTION SIX: PARENT SIGNATURE

By signing this form, you are verifying that all information is true and accurate.

Parent Signature _____

Date _____

ADD'L SECTION THREE: (OPTIONAL) NEW STUDENT:

Child's Name	Grade in 2018-19

Date of Birth: _____ **Previous School, if applicable:** _____

Preferred School: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's

Gender: Male Female

Child's Name	Grade in 2018-19

Date of Birth: _____ **Previous School, if applicable:** _____

Preferred School: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's

Gender: Male Female