

ST. AUGUSTINE CATHOLIC SCHOOL
FAMILY APPLICATION FORM 2018-19

PLEASE PRINT:

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Student Information

1st Child Last Name _____ First _____ Middle _____

Name child prefers to be called _____ Grade entering _____

Child's Address _____

Gender: Male Female Date of Birth _____ Child's S.S. # _____

Place of Birth (city, state) _____

Ethnicity African American Hispanic Caucasian Bi-racial Other _____

Baptized Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

(If baptized at another church, we will need a copy of the baptismal certificate from your previous parish/church)

Penance/Reconciliation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

First Communion Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

Confirmation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

2nd Child Last Name _____ First Name _____ Middle _____

Name child prefers to be called _____ Grade entering _____

Child's Address _____

Gender: Male Female Date of Birth _____ Child's S.S. # _____

Place of Birth (city, state) _____

Ethnicity African American Hispanic Caucasian Bi-racial Other _____

Baptized Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

(If baptized at another church, we will need a copy of the baptismal certificate from your previous parish/church)

Penance/Reconciliation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

First Communion Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

Confirmation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

**ST. AUGUSTINE CATHOLIC SCHOOL
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3rd Child Last Name _____ First _____ Middle _____

Name child prefers to be called _____ Grade entering _____

Child's Address _____

Gender: Male Female Date of Birth _____ Child's S.S. # _____

Place of Birth (city, state) _____

Ethnicity African American Hispanic Caucasian Bi-racial Other _____

Baptized Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

(If baptized at another church, we will need a copy of the baptismal certificate from your previous parish/church)

Penance/Reconciliation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

First Communion Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

Confirmation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

4th Child Last Name _____ First _____ Middle _____

Name child prefers to be called _____ Grade entering _____

Child's Address _____

Gender: Male Female Date of Birth _____ Child's S.S. # _____

Place of Birth (city, state) _____

Ethnicity African American Hispanic Caucasian Bi-racial Other _____

Baptized Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

(If baptized at another church, we will need a copy of the baptismal certificate from your previous parish/church)

Penance/Reconciliation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

First Communion Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

Confirmation Yes No Parish/Church Name _____

Address _____ City _____ State ____ Zip _____

St. Augustine School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and all activities generally accorded or made available to students at the school.

It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**ST. AUGUSTINE CATHOLIC SCHOOL
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Parent/Guardian Information

Mother/Guardian Last name _____ First _____ Middle _____
Maiden Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email _____

Employer _____ Occupation _____

Employer Address _____ Shift _____ Office Phone () _____

Registered member of St. Augustine Parish [] Yes [] No

Father/Guardian Last name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email _____

Employer _____ Occupation _____

Employer Address _____ Shift _____ Office Phone () _____

Registered member of St. Augustine Parish [] Yes [] No

Emergency Contacts & Authorized Pickup Persons

Contact/Pick-Up Name _____

Phone _____

Relationship to the Child _____

[] Able to pick up all children in the family

[] **Not** able to pick up the following children:

PARENT SIGNATURE _____ DATE _____

(for office use only)

Registration Fee attached _____ **Check/Cash** _____ **Amt. Pd.** _____