



ST. AUGUSTINE CATHOLIC SCHOOL
FAMILY APPLICATION FORM 2021-22

Student Information:

1st Child Last Name First Middle

Child's Address

School District Grade entering

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)

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 Middle

Child's Address

School District Grade entering

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)

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 nurtures children in their God-centered faith journey, while promoting academic excellence, individual growth, and life-long service inspired by the Gospel.



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3rd Child Last Name First Middle

Child's Address

School District Grade entering

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)

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

Child's Address

School District Grade entering

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)

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.



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Parent/Guardian Information:

Mother/Guardian Last Name First Middle Maiden Name Address City State Zip Home Phone Cell Phone Email Occupation Employer Shift Employer Address Office Phone Registered member of St. Augustine Parish

Father/Guardian Last Name First Middle Address City State Zip Home Phone Cell Phone Email Occupation Employer Shift Employer Address Office Phone Registered member of St. Augustine Parish

Emergency Contacts & Authorized Pickup Persons

Contact/Pick-Up Name Phone Relationship to Child Name Phone Relationship to Child

Able to pick up all children in the family. Not able to pick up the following children:

PARENT SIGNATURE DATE

PARENT SIGNATURE DATE

\*\*\*BE SURE TO COMPLETE THE OTHER SIDE OF THIS FORM\*\*\*

(For Office Use only)

Registration Fee attached Check/Cash Amt. Pd.

Technology Fee(s) attached Check/Cash Amt. Pd.



**FIELD TRIP PERMISSION**

Throughout the school year, teachers may take students on walking field trips within the Napoleon community. Please indicate your preference below:

My child(ren) may accompany the class on all walking field trips: (Circle One) YES NO

**PERMISSION TO PUBLISH INFORMATION**

It is important that you notify us if you do not want your telephone number or address listed on FastDirect. Please complete the following:

\_\_\_\_\_ YES, I would like my information to be listed.

\_\_\_\_\_ NO, do not list my information on the roster.

**\*\*If we have not received your response by September 15<sup>th</sup>, we will assume your permission, and publish your information.**

**PERMISSION TO PUBLISH IN THE MEDIA**

During the school year, the newspaper requests pictures of students in their activities. These pictures are used for newspaper articles and for the promotion of the school. Please check one of the following options:

\_\_\_\_\_ NO, I do not wish for my child(ren)'s picture to be used or published.

\_\_\_\_\_ YES, please use my child(ren)'s picture for publishing purposes.

**PERMISSION TO PUBLISH ON SOCIAL MEDIA**

During the school year, the principal, teachers and staff post pictures and videos to our school Facebook pages. Please check one of the following options:

\_\_\_\_\_ NO, I do not wish for my child(ren)'s picture and videos to be published.

\_\_\_\_\_ YES, please use my child(ren)'s picture and videos for publishing purposes.

**By signing below, I recognize the information listed above will be used for school records and as permission granted or as otherwise stated for school use.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_