

**CATHEDRAL CHAPEL SCHOOL APPLICATION FOR ADMISSION
2016-2017**

PLEASE PRINT

Applying for Grade _____

Catholic

Non-Catholic

Child's Last Name _____

First Name _____

Middle Name _____

Address _____

City and State _____

Zip _____

Email _____

Home Phone _____

Cell Phone _____

Male Female

Date of Birth _____

Place of Birth _____

Please complete the following (Catholic only)

Date of Baptism _____

Church _____

City and State _____

Date of First Communion _____

Church _____

City and State _____

Current Parish _____

City and State _____

School Last Attended _____

Grade _____

How did you hear about us? _____

Father's Last Name _____

Father's First Name _____

Religion _____

Place of Birth _____

Father's Occupation _____

Name of Company _____

Work Telephone Number _____

Married Single

Widowed

Divorced

Mother's Last Name _____

Mother's First Name _____

Religion _____

Place of Birth _____

Mother's Occupation _____

Name of Company _____

Work Telephone Number _____

Married Single

Widowed

Divorced

SCHOOL USE ONLY

DATE SUBMITTED: _____

Birth Certificate

Baptismal Certificate

Report Card

Standardized Test Scores

Immunizations

Testing Fee

(\$50.00 NON-REFUNDABLE REGISTRATION/TESTING FEE)