

**ST. CLEMENT'S SCHOOL
APPLICATION FOR ADMISSION
2010-2011**

| |
|--|
| Postmark_____ |
| Ch#_____ Status_____ |
| BC <input type="checkbox"/> Receipt Sent <input type="checkbox"/> TRR <input type="checkbox"/> |
| Interview: |
| Date _____ |
| Room _____ Time _____ |

Applicant's Legal Name _____
Last
First
Middle

_____ Birth date _____ Sex _____
Name used other than first
Year
Month
Day

Address _____
No.
Street
City
State
Zip

Resident Phone No. _____ Mail Address _____

Applicant lives with _____
Name(s)
Relationship

School presently attending _____ Present Grade _____

Father's Name _____

Address (if different from above) _____
No.
Street
City
State
Zip

Mother's Name _____
Maiden Name

Address (if different from above) _____
No.
Street
City
State
Zip

Occupation (father) _____ Cellular/Pager _____

Business Name & Address _____ Business Phone _____

High school attended _____
School
Location

College attended _____ Degrees _____

Occupation (mother) _____ Cellular/Pager _____

Business Name & Address _____ Business Phone _____

High school attended _____
School
Location

College attended _____ Degrees _____

| | | | |
|------------------------------------|------------|---------------------------|-----------------------------|
| SIBLINGS (Brothers/Sisters) | | List Year Attended | |
| <u>Name</u> | <u>Age</u> | <u>St. Clement's</u> | <u>School Now Attending</u> |

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

St. Clement's School
Applicant Questionnaire

8. Health (List any health problems, handicaps, allergies?).

9. Discipline (permissive, strict, firm, consistent, lax, method of correction, etc.).

10. Environment (Any significant influence on child -- travel, divorce, absent parent, new baby, etc.).

11. Why do you want your child in school next year? How do you feel your child will adjust to school?

12. How did you hear about St. Clement's School?

Completed by _____
Please Print