

**APPLICATION FOR ADMISSION**

**All Saints Catholic School**

**641 5<sup>th</sup> Avenue**

**Lewiston ID 83501**

**(208) 743-4411**

**Fax (208) 743-9563**

**Entering Grade** \_\_\_\_\_

**School Year 20** \_\_\_\_\_ - \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Last

First

Middle

Goes by

Address \_\_\_\_\_ Phone \_\_\_\_\_

Number & Street

City & State

Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Month Day Year

City

State

Ethnicity: Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Isl \_\_\_\_\_ Native American \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

Baptism \_\_\_\_\_ Church \_\_\_\_\_ Place \_\_\_\_\_

Month Day Year

City

State

First Communion \_\_\_\_\_ Church \_\_\_\_\_ Place \_\_\_\_\_

Month Day Year

City

State

Church child attends \_\_\_\_\_ With \_\_\_\_\_

Please check with whom child lives and furnish names:

\_\_\_\_\_ Father \_\_\_\_\_

\_\_\_\_\_ Mother \_\_\_\_\_

\_\_\_\_\_ Step-father \_\_\_\_\_

\_\_\_\_\_ Step-mother \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

Place of employment \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Daytime business phone \_\_\_\_\_

Daytime business phone \_\_\_\_\_

Religious affiliation \_\_\_\_\_

Religious affiliation \_\_\_\_\_

Parish/Church \_\_\_\_\_

Parish/Church \_\_\_\_\_

(Over)

If a child does not live with both parents, please indicate:

- a. Which parent has legal custody \_\_\_\_\_
- b. Which parent will assume financial responsibility \_\_\_\_\_
- c. Which parents are to receive school communications (newsletters, mailings, etc). \_\_\_\_\_

**If you wish to have weekly communications mailed, there will be a monthly charge of \$5.00.**

Sibling's name/s	Age	School attending	Grade

Please list any family members (immediate or extended) who have attended All Saints Catholic School. (Formerly St. Stanislaus Tri-Parish School)  
Please attach sheet if needed.

Name	Address	Relationship	Year graduated

Name and address of last school attended \_\_\_\_\_

Please list your child's special qualities (strengths) as you perceive them.

What are some areas your child needs to strengthen?

Are there any hearing, eye, or health conditions of which the teacher should be aware?

We will be distributing a family directory for the 2009-2010 school year. If you are **NOT** interested in having your family's name, address and phone number listed, please sign here.

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