

St. Patrick School

Application for Admission

Instructions: Please complete all questions on this form. Return the form to : St. Patrick School, 224 Center Ave., Weston, WV 26452. There will be a \$ 100.00 deposit (non-refundable) required upon acceptance.

(Date Received: _____)

Student Name: _____

(Mail should be addressed to)

Address: _____ City: _____

State: ____ Zip Code: _____ Telephone # _____

Birthdate: _____ Age: _____ Gender: ___ M ___ F

Place of Birth _____ Social Security # ____/____/____

Religion _____ Parish (if Catholic) _____

Grade Entering: _____ School previously attended _____

Address _____

FATHER _____
(Last Name)

MOTHER _____
(Maiden Name)

(First Name) (Middle)

(First) (Middle)

Occupation: _____

Occupation: _____

Employ. Name: _____

Employ. Name: _____

Business Phone # _____

Business Phone # _____

Cell Phone # _____

Cell Phone # _____

E-Mail Address: _____

E-Mail Address: _____

Birthplace: _____

Birthplace: _____

Education: _____

Education: _____

Date of Birth: _____

Date of Birth: _____

Religion: _____

Religion: _____

Marital Status _____

Marital Status _____

Student resides with: () Both Parents () Mother () Father () Shared Custody

() Other – Name and Relationship if other than parent: _____

CHILDREN IN FAMILY: Number ____ Boys ____ Girls ____ Rank in Family ____

STUDENTS' HEALTH PROBLEMS: _____

MEDICATIONS: _____

Which category most closely identifies your child's basic racial origin?

___ White ___ Black ___ Hispanic ___ Native American ___ Asian ___ Black/White

PLEASE INDICATE ANY SACRAMENTS THIS CHILD HAS RECEIVED: **(Catholic Only)**

	Date	Church & Location
Baptism	_____	_____
First Reconciliation	_____	_____
First Communion	_____	_____

Religious Affiliation: _____
(Father) (Mother)

Name of Parish/Church to which you belong: _____

Name, address and telephone number of person responsible for paying tuition, if not parents:

Phone: _____

Signature of person filling out application:

Name: _____ Date: _____

Application Fee: Paid _____ Cash: _____ Check No: _____ Date Paid: _____