



## Bishop Fenwick School Enrollment Application 2017-18 School Year

Today's Date: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ Child's Current Age: \_\_\_\_\_

- 1) Child's Full Name: \_\_\_\_\_  
First Middle Last
- 2) Address: \_\_\_\_\_  
Number and Street Name City Zip
- 3) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4) Sex: **M** **F** 5) Place of Birth: \_\_\_\_\_
- 6) Phone Number: \_\_\_\_\_ 7) Social Security Number (last four #'s) \_\_\_\_\_
- 8) Child's Race: (Please Circle) [You are not required to provide this information]
- |                                |          |                                  |       |
|--------------------------------|----------|----------------------------------|-------|
| Asian                          | Black    | Multiracial                      | White |
| American Indian/Native Alaskan | Hispanic | Native Hawaiian/Pacific Islander |       |

### Religious Information

- 9) Child's Religion: \_\_\_\_\_
- 10) Child's Record of Sacraments:
- |   |                 |              |
|---|-----------------|--------------|
| Baptism   | First Communion | Confirmation |
| Date: _____   |                 |              |
| Church: _____   |                 |              |
| City & State: _____   |                 |              |
| (If a sacrament was received at a church other than St. Nicholas/St. Thomas, copy of certification must be presented) |                 |              |
- 11) Current Church you are attending: \_\_\_\_\_

### Public School Information

- 10) Public District: \_\_\_\_\_
- 11) Public Elementary School \_\_\_\_\_
- 12) Public Middle School \_\_\_\_\_
- 13) Building your Child currently attends \_\_\_\_\_
- 14) Has your child been retained: (please circle) **YES** **NO** If Yes, which grade: \_\_\_\_\_
- 15) Has your child ever been identified or tested for special needs: (please circle) **YES** **NO**
- |                |          |             |
|----------------|----------|-------------|
| SPEECH HEARING | LEARNING | OTHER _____ |
|----------------|----------|-------------|
- Is your child currently under the care of a physician or specialist for special needs? **YES** **NO**
- Please describe or name the special needs \_\_\_\_\_
- 16) Does your child have any special medical needs: **YES** **NO**
- Please list any necessary medications for allergies, ADD, seizures or asthma on a separate sheet

**Family Information**

**Father's Status:** Married Separated Divorced Remarried Deceased Single

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_  
Number & Street Name City Zip Code

Place of Birth: \_\_\_\_\_ Education: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Status:** Married Separated Divorced Remarried Deceased Single

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_  
Number & Street Name City Zip Code

Place of Birth: \_\_\_\_\_ Education: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student lives with: Circle all that apply

Both Parents Mother/Custodial Stepmother Shared Parenting

Father/Custodial Stepfather Guardian/Custodial

**If separated or divorced, a copy of custody paper must be provided**

Language Spoken at home: English Other: \_\_\_\_\_

I wish to apply for my child's admission to Bishop Fenwick School. I have stated the information to be true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Bishop Fenwick School

How did you hear about Bishop Fenwick School?

Please circle all that apply

Sibling

Parishioner

Friend

Flyer

Newspaper/Postcard

School Sign

Website

Bulletin

If a school family referred you, please indicate their name so that we may thank them:

---

*Thank you for your interest in Bishop Fenwick School!*