



# Bishop Fenwick School Enrollment Application 2020-21 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:

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