



Basilica School of St. Paul

School Motto: "Laus Deo (Praise God)"

Date of Application _____

New Student Application

Please complete all areas, if an item does not apply, please mark it with N/A. Your child's registration will be finalized only after the form is complete, approved and accompanied with the non-refundable first month tuition payment.

Please print clearly.

A. Student 1- Information- Additional Student

FIRST NAME	MIDDLE NAME	LAST NAME	NICKNAME
HOME ADDRESS		CITY	ZIP CODE
Current Grade: _____ Applying for grade _____		Gender: <u>M / F</u>	Date of Birth: _____
SSN: _____ U.S. Citizen? [] Yes [] No		If no, ID# _____	
Allergies: _____		Medication currently prescribed: _____	
Other medical/health info: _____			
Cultural Heritage of Applicant:			
[] Asian or Pacific Islander		[] African American [] Hispanic American	
[] Caucasian (Anglo)		[] Multi-Race [] American Indian [] Alaskan Native	
(1) Has your child repeated any grade? _____ No _____ Yes**, If yes, what grade _____			
(2) Previous School Name _____		Address _____ Phone _____	
(3) Does your child presently have an active IEP (Individualized Education Plan)? Yes _____ No _____			
(4) Has your child been tested for any of the following? Please circle all that apply: Speech & Language / Attention Deficit Disorder / Hyperactivity / Special Needs			
Other: _____			
* Note that documentation will be required for any item circled prior to finalizing admission. All information will be kept in strict confidence.			
Allergies: _____		Medication currently prescribed: _____	
Please briefly describe any illnesses, diseases, or disabilities that have affected or may affect your child's health, schoolwork, or participation in any athletic and/or academic program _____			

B. Family Data -Marital status of parents: (mark one)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Father Remarried |
- Child(ren) lives with: Both Parents Mother Father Guardian
 Stepfather Stepmother Other

Who has custody? _____

If parents are divorced please note that a certified copy of the divorce decree will be required.
Complete if this information if applicable.

C. Household Information:

INFORMATION ON:	FATHER	MOTHER
Full Name		
Home Address		
Home Phone		
Cell Phone		
Religion		
Registered Parish		
Employer		
Occupation/Title		
Work Phone		
Email Address		

Stepparent Information (if applicable):

	Stepfather	Stepmother
Full Name		
Home Phone		
Home Address		
Cell Phone		
Employer		
Occupation/Title		
Work Phone		
Email Address		

Other Children in the Family:

Name	Relationship	Date of Birth	Grade	Current School

D. Religious Information of Applicant

Are you a member of the Basilica of St. Paul?
Is your child (ren) baptized Catholic?

Yes	No

If no, name of Parish _____
Please include copy of Baptismal Certificate(s)