

# 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: \_\_\_\_\_