

**Application  
For Admission**

*St. Clare of Assisi School*

**Please include the following when submitting your application: a \$50 application fee, copies of the applicants birth certificate, baptismal certificate (if applicable), immunization records, and latest report card (if applicant is transferring schools). The applicant will not be considered for admission or put on any waitlist unless all above materials have been submitted.**

1. Applying for: \_\_\_\_\_ Year: \_\_\_\_\_  
Grade

Student's Name: \_\_\_\_\_ Male/Female  
Last First Middle

Address: \_\_\_\_\_  
PO Box # City State Zip

Address: \_\_\_\_\_  
Number & Street City State Zip

Phone: \_\_\_\_\_  
Home Cell

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month, Day, Year

Lives with:  Both Parents  Mother Only  Father Only  
 Guardian (Specify) \_\_\_\_\_

Present School: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

2. Mother's Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

3. Father's Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

4. Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female

To begin: \_\_\_\_\_ In \_\_\_\_\_  
Grade School Year

Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female

To begin: \_\_\_\_\_ In \_\_\_\_\_  
Grade School Year

Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female

To begin: \_\_\_\_\_ In \_\_\_\_\_  
Grade School Year

