



**APPLICATION FOR ADMISSION**  
 For Grade/Class \_\_\_\_\_ School Year \_\_\_\_\_

**FAMILY INFORMATION**

Applicant's Full Name \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_  Boy  Girl

Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Applicant lives with (check all that apply):

- Mother & Father       Mother       Father       Mother & Stepfather  
 Father & Stepmother       Other Family Arrangement

Please note if parents are separated or divorced, or if either is deceased, \_\_\_\_\_

	PARENT/GUARDIAN	PARENT/GUARDIAN
Full Name		
Home Address		
City/State/Zip		
Home Phone		
Cell Phone		
Business Firm		
Business Address		
Position in Firm		
Business Phone		
Email Address		

Other children in family:	Name	Date of Birth	School
_____	_____	_____	_____
_____	_____	_____	_____

Language(s) spoken in the home \_\_\_\_\_

Church/temple \_\_\_\_\_

Relationship to St. Francis School:

Does the child have relatives currently enrolled at St. Francis School & Preschool?

\_\_\_\_\_

Does the child have relatives who have previously attended SFS?

\_\_\_\_\_

Why do you feel St. Francis would be a good match for your child?

\_\_\_\_\_

Grandparents

Grandparents

Name \_\_\_\_\_

Address \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Present School \_\_\_\_\_ Grade/Class \_\_\_\_\_

Name of Head of School/Principal/Director & Address

**OTHER PERTINENT INFORMATION**

We are interested in afternoon extended care  Yes  No

We intend to apply for financial aid through the FACTS Tuition Aid Service  Yes  No

Who is financially responsible for the child?

Who has legal custody of the child?

Has the applicant been tested or evaluated by a psychologist, speech therapist, occupational therapist or First Steps? Please explain.

Please share any additional information, including medical/allergy issues

**PRESCHOOL APPLICANTS ONLY:**

Extended Care Interest:  Early morning  Lunch (12-1)  Afternoon (12-4 or 5:30)

Is the child toilet trained?  Yes  No

How does the child adjust to new experiences?

Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice classes:

TWOS:  Two Days  Three Days  Five Days

THREES:  Three Days  Five Days

FOURS:  Four Days  Five Days

PRE - KINDERGARTEN:  Five Days

*Waiver of Access: All rights of access conferred by the Family Education Rights and Privacy Act of 1974 (PL 93-380) as amended, or otherwise, to all information and materials of any kind received by St. Francis School from any source in connection with the application for admission, including this form, are hereby voluntarily waived.*

**PARENT SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

**A nonrefundable application fee of \$50 must accompany this application.  
St. Francis School, 11000 US Highway 42, Goshen, Kentucky 40026  
phone: 502.228.1197 fax: 502.228.6723**