

Most Precious Blood Catholic School Application Form

STUDENT INFORMATION

Student Name: _____
Last First Middle

Grade: _____ **School Year:** _____

Gender: ___M ___F **Ethnicity:** Hispanic /Latino Yes No

Race: Caucasian Asian African American American Indian/Native Alaskan Multiracial
Native Hawaiian/Pacific Islander

Birthdate: _____ *Copy of state issued Birth Certificate required.*
Month/Date/Year

If Baptized: _____ *Copy of Baptism Certificate required.*
Month/Date/Year

PARENT/GUARDIAN #1 (where student resides)

Name: _____
Last First Middle Initial

Title: _____ **Suffix:** _____ **Relationship:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Occupation: _____

Religion/Church: _____ **E-Mail:** _____

PARENT/GUARDIAN #2

Name: _____
Last First Middle Initial

Title: _____ **Suffix:** _____ **Relationship:** _____

___ *Check if address and home phone are the same as parent/guardian #1 above and leave the next line blank.*

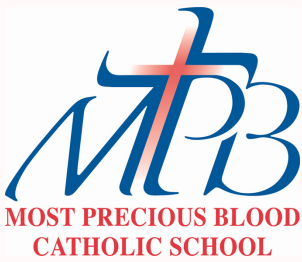
Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Occupation: _____

Religion/Church: _____ **E-Mail:** _____

***If either parent is deceased, please check box: Mother is deceased ___ Father is deceased: ___*



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OTHER RESPONSIBLE PERSONS (i.e. Emergency Contacts)

Name: _____ Title: _____ Relationship: _____
Last First

Best Phone Number to Reach: _____

Name: _____ Title: _____ Relationship: _____
Last First

Best Phone Number to Reach: _____

Publish Phone to Buzzbook: ___ Y ___ N

**Buzzbook is the internal school directory for parents*

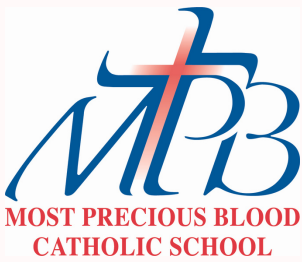
Why have you selected Most Precious Blood Catholic School?

Please describe your involvement in ministries or activities in your parish.

Signature of Parent/Guardian: _____ **Date:** _____

CHECKLIST:

- ___ \$50.00 Per Student Application Fee
- ___ Copy of State Issued Birth Certificate
- ___ Baptism Certificate (if baptized)
- ___ *1st thru 8th grade:* provide copies of previous report card(s) and standardized test scores
- ___ *Kindergarten mid-year transfer:* provide copy of progress report



Transfer Student Information Form

This form is to be completed by new students entering grades 1-8

Student's Name: _____

Present School: _____

School Street Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: _____ Fax Number: _____

APPLICANT'S EDUCATIONAL BACKGROUND

School	From Year	To Year	Grade Level(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grade(s) repeated, if any: _____ Reason: _____

Has your child ever attended another Catholic School? YES NO

if Grades 4-8: Has your student learned cursive writing? YES NO

My child is in a special education program and has an IEP or PEP (or equivalent) at his/her current school. YES NO

If yes, please provide a copy of the document.

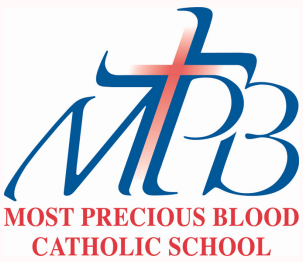
My child has been recommended for special education testing. YES NO

If yes, in which academic area: _____

My child has a 504 plan at his/her current school. YES NO

Please provide documentation.

My child is currently receiving extra help/services in the following academic area(s):



Transfer Student Information Form

APPLICANT'S EDUCATIONAL BACKGROUND (CONTINUED)

Has the applicant ever been:

Suspended:	YES	NO
Expelled:	YES	NO
Asked to withdraw from a school:	YES	NO

If YES to any of the above, please provide the particulars of the situation, including the school's name and address.
