



ST. JUDE THE APOSTLE CATHOLIC SCHOOL

Committed to Academic Excellence

For Office Use Only

Application Fee \$200

Paid _____

School Application

This form must be filled out completely. Please print legibly.

DATE :

CANDIDATE FOR GRADE

CHILD APPLICANT

Child's Name	First	Middle	Last
Home Address			
Gender	<input type="radio"/> Male	<input type="radio"/> Female	Age
Ethnicity*	Date of Birth		
Birthplace (city/state)			
*For Archdiocesan census			

CURRENT SCHOOL INFORMATION

Current School	Current Grade
School Address	Phone

PARENT INFORMATION

Father/Guardian Name	
Home Address	
Occupation/Employer	Home Phone
Birthplace	Work Phone
Religion	Cell Phone
E-mail Address	
Mother/Guardian Name	
Home Address	
Occupation/Employer	Home Phone
Birthplace	Work Phone
Religion	Cell Phone
E-mail Address	



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School Application - cont'

PARISH/CHURCH AFFILIATION

Are you a member of St. Jude The Apostle Parish? Yes No

If not a parishioner of St. Jude, what is the parish or church you attend?

Parish/Church Name

City

SACRAMENTAL INFORMATION

Baptism* Date

Church/Parish

City and State

First Communion* Date

Church/Parish

City and State

Is your child presently attending CCD classes? Yes No

Church/Parish

Grades of Attendance

*Please provide us with copies of Sacrament certificates.

SIBLING INFORMATION

Name

Age

School Currently Attending