



Community of Saints Regional Catholic School K – 8 Admissions Application Form 2018 - 2019

Application forms are reviewed by school administration. Upon completion of the review, we will contact you about the next steps in the enrollment process.

Household Information

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Preferred Language of Correspondence: English Other _____

Student Information

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Current/Last School Attended (City and State): _____

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Current/Last School Attended (City and State): _____

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Current/Last School Attended (City and State): _____

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Current/Last School Attended (City and State): _____