



**OUR LADY OF REFUGE
CATHOLIC SCHOOL
2019-2020 SCHOOL YEAR**

APPLICATION FOR NEW STUDENTS GRADES TK-8

PLEASE PRINT

Date _____

Applicant's name: _____
Last First Grade Entering

Birth date: _____ Male: _____ Female: _____

Baptism date: _____ Parish: _____ Non Catholic: _____

Mother's name: _____ Maiden name: _____

Father's name: _____

Home address: _____
Street (include #) City/Zip

Mother's Email: _____ Home Phone: () _____

Mother's Work Phone: () _____ Cell Phone: () _____

Father's Email: () _____ Home Phone: () _____

Father's Work Phone: () _____ Cell Phone: () _____

Previous school attended: _____

Does your child have any special needs that we should be aware of? Yes or No

If so, please explain: _____

Siblings attending Our Lady of Refuge Catholic School

Name: _____ Grade: _____

Name: _____ Grade: _____

Other siblings seeking admission in Our Lady of Refuge Catholic School

Name: _____ Grade: _____

Name: _____ Grade: _____

Catholic: ___Yes ___No Name of Parish you attend: _____