



*If the student is Catholic, please answer the following:*

Baptism: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Church City State MO DAY YEAR

First Communion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Church City State MO DAY YEAR

Confirmation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Church City State MO DAY YEAR

If child attended public school, did he/she attend CCD? \_\_\_\_ Yes \_\_\_\_ No

Has student ever been enrolled in Special Education Programs: \_\_\_\_ Yes \_\_\_\_ No If yes, describe the program: \_\_\_\_\_

Has your child ever been asked to leave his/her school? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

Is the student on any medication? \_\_\_\_ Yes \_\_\_\_ No Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Emergency Contacts:**

Name Home Phone Work Phone Cell Phone

Name Home Phone Work Phone Cell Phone

Name Home Phone Work Phone Cell Phone

**Persons authorized to pick child up:**

Name Relationship

Name Relationship

Name Relationship

Maternal Grandparents: \_\_\_\_\_  
Name Address City/State/Zip

Paternal Grandparents: \_\_\_\_\_  
Name Address City/State/Zip

**Is there anyone that you do not wish us to release your child to?** \_\_\_\_\_

I hereby make application and request that my child attend St. Frances Cabrini Catholic School. If accepted, I will cooperate with the spirit and regulations of the school. In signing this application, I am giving the school assurance that I understand and will abide by these requirements. The above information is correct. I assume responsibility for notifying the school office of any changes. I understand that the registration fee is **non-refundable**.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about SFCCS?

\_\_\_\_ Newspaper Ad \_\_\_\_ Friend \_\_\_\_ Parish Bulletin \_\_\_\_ Magazine Ad \_\_\_\_ Other: \_\_\_\_\_