



AVE MARIA ACADEMY APPLICATION FOR ADMISSION

Please fill in completely. If it does not pertain to your child, please fill in with "N/A".
Please print. Please use one form per child.

Student Information

Grade 2016-2017 School Year: _____ Applying for: _____ 5-Day School _____ 2-Day Hybrid School

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

BEST CONTACT PHONE NUMBER (_____) _____

GENDER M F NAME YOUR CHILD IS TO BE CALLED _____

BIRTHDATE: MONTH _____ DAY _____ YEAR _____

RELIGION _____ PARISH (IF CATHOLIC) _____

May we publish your contact information in our School Family Directory? Y N

Sacramental Information

SACRAMENT	CHURCH	DATE (MO/DAY/YEAR)	LOCATION (CITY, STATE)
BAPTISM			
FIRST COMMUNION			
RECONCILIATION			
CONFIRMATION			

For State Board of Education reporting purposes what is the name of the public school
your child would attend? _____

Current School: _____

Child's Birthplace: City _____ State _____ Country _____

Parent/Guardian Information

Father/Guardian

Please circle one: Dr. Mr. Other_____

Last Name_____First Name_____Middle Init__ Suffix____

Religion_____

Occupation_____ Employer_____

Work Address_____

Work Phone () - Cell Phone () - Email_____

Marital Status: Married Single Separated Divorced Widower US Citizen: Y N

Mother/Guardian

Please circle one: Dr. Miss Ms. Mrs. Other_____

Last Name_____First Name_____Middle Init__

Religion_____

Occupation_____ Employer_____

Work Address_____

Work Phone () - Cell Phone () - Email_____

Marital Status: Married Single Separated Divorced Widower US Citizen: Y N

The school requires that divorced parents furnish the school with a copy of the custody section of the divorce decree. It is the responsibility of the custodial parent to inform the school to whom the child may be released, if any, other than the custodial parent.

Child lives with (Circle One): Both Parents Mother Father Guardian

Who will sign the Parent Contract and assume financial responsibility?

___Father ___Mother ___Both ___Guardian ___Grandparent

Medical Information

Child's Doctor _____ Phone _____

Child's Dentist_____ Phone _____

Please describe any health concerns and medications taken regularly (how often and for what purpose):

Please describe anything else you would like us to know regarding your child:_____

