

SAINT SEBASTIAN PRESCHOOL



APPLICATION

Today's Date _____



Child's First Name

Middle Name

Last Name

Please attach a recent photo of your child.

Date of birth

Country of citizenship

Place of birth

PREVIOUSLY ATTENDED SCHOOLS

Name of present or most previous school (if applicable)

Dates attended

School address

Phone number

FAMILY INFORMATION

Parent/Guardian Name

Title (please check one) Ms. Mrs. Miss. Mr. Dr.

Street address

City, state, zip code

Home telephone

Cell phone

E-mail address

Parent's/Guardian's Birthplace

Parent's/Guardian's Religion

Name and address of parish (if Catholic)

Parent/Guardian Name

Title (please check one) Ms. Mrs. Miss. Mr. Dr.

Street address

City, state, zip code

Home telephone

Cell phone

E-mail address

Parent's/Guardian's Birthplace

Parent's/Guardian's Religion

Name and address of parish (if Catholic)

Billing statements are sent (Please check all that apply.)

Father Mother Guardian Other _____

Applicant lives with (Please check all that apply.)

Father Mother Guardian Other _____

WORK INFORMATION

Name of Parent/Guardian

Business Name

Business address

Occupation

Title

Business Phone Number

Business Fax Number

E-mail address

Name of Parent/Guardian

Business Name

Business address

Occupation

Title

Business Phone Number

Business Fax Number

E-mail address

SIBLING INFORMATION

Name of Sibling(s)	M or F	Birth Date	Present School	Grade

ADDITIONAL INFORMATION

Relatives who have attended St. Sebastian School:

How did you learn about St. Sebastian School?

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PARENT/STUDENT INFORMATION

Does your child have any developmental delays you are aware of?

Please describe your child's personality, noting strengths as well as weaknesses.

Describe any special circumstances that might affect your child's behavior at school, including emotional or physical development, medication, or frequent changes of home.
