ST. PATRICK SCHOOL
New Family Inquiry   Date: _____

List all grade level students in family, from oldest to youngest including any PREK.

School Year	Grade	Name	D.O.B.

Present Preschool or School: _____

Other Schools Child(ren) Attended:_____

Public School District of Residence: _____

Reason for leaving: _____

Special Services Provided by School: _____

_____

Medical diagnosis that affects school, medication, 504 plan: _____

_____

Are you seeking Financial Aid and what type? _____

Busing? _____

Mother: _____   Father: _____

Address: _____

M/C: _____   F/C:_____

E-Mail: _____

Catholic?   Y   N   Other: _____   Parish: _____

SPS Parishioner: Y   N   WJ

Children Baptized/Recon/1st Comm.: _____ SRE? Y   N

Is there anything else we should know about your family?

Notes: _____

_____

_____

_____

_____