



1. Please list the name(s) of the school(s) your child(ren) have attended previously and the length of attendance:

\_\_\_\_\_

No previous schooling \_\_\_\_\_

Student Name(s)

2. Other children living at home:

Sibling Name

Age

Current School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Why do you want your child(ren) to attend St. Cletus School?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is there anything else you would like us to know about your child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize verbal contact for St. Cletus to speak to \_\_\_\_\_ School.

\_\_\_\_\_

Parent Signature

**Please submit an Application Fee (non-refundable) payable to:  
St. Cletus School: \$50.00  
Grades 1-8: the two most recent student standardized test scores  
and report cards are required prior to enrollment acceptance.**

Accepted Date \_\_\_\_\_

By \_\_\_\_\_