



St. Cletus School

APPLICATION FOR STUDENT ENROLLMENT

Pre-School – 8th Grade: 2016-17 Academic Year

CUSTODIAL PARENT/GUARDIAN INFORMATION

Circle One: Father Stepfather Other _____

Circle One: Mother Stepmother Other _____

Name First Initial Last

Name First Initial Maiden [required] Last

Occupation _____

Occupation _____

Cell Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Work Phone (_____) _____

Work Days/Hours _____

Work Days/Hours _____

E-mail _____

E-mail _____

Circle One: Married Single Widowed Divorced
Separated Remarried Living Together

Circle One: Married Single Widowed Divorced
Separated Remarried Living Together

Home Phone __ (_____) _____ St. Cletus Parishioner Family? Yes ___ ID # _____ No ___

Home Street Address _____

City _____ State _____ ZIP Code _____

PRE-SCHOOL

CLASSROOM DAYS/HOURS

Full Day (3 or 4 years old by 9/1/16)..... 8:00 a.m.-3:00 p.m., Mon.-Fri.
 T-TH AM's (3 or 4 years old by 9/1/16)..... 8:00-10:45 a.m., Tues. & Thurs.
 M-W-F AM's (3 or 4 years old by 9/1/16) 8:00-10:45 a.m., Mon., Wed. & Fri.
 M-F AM's (3 or 4 years old by 9/1/16)..... 8:00-10:45 a.m., Mon.-Fri.

PRE-SCHOOL Student Full Name	Gender	T-TH AM's	M-W-F AM's	M-F AM's	Full Day	Date of Birth	Child's Age on 9/1/16	Will Attend Before- or After-Care?
								Yes / No (Circle One)
								Yes / No (Circle One)
								Yes / No (Circle One)

KINDERGARTEN THROUGH GRADE 8

CLASSROOM DAYS/HOURS

Full Day K-8 8:00 AM-3:00 PM, Mon.-Fri.
 Half Day Kindergarten..... 8:00-11:30 AM, Mon.-Fri.

GRADES K-8 Student Full Name	Gender	Grade	Full or Half Day	Date of Birth	Child's Age on 9/1/16	Will Attend Before- or After-Care?
						Yes / No (Circle One)
						Yes / No (Circle One)
						Yes / No (Circle One)
						Yes / No (Circle One)

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

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)?

**Please include an Application Fee (non-refundable) made payable to:
St. Cletus School: \$50.00**

**The two most recent student standardized test scores and report cards
for grades 1-8 are requested prior to enrollment approval.**

Accepted Date _____

By _____