



HOLY INFANT  
CATHOLIC SCHOOL

# APPLICATION FOR ENROLLMENT

To apply and begin the enrollment process, please

- complete this application
- attach an enrollment fee check payable to Holy Infant School for \$75.00 per student
- mail this enrollment form and non-refundable enrollment fee to: *Holy Infant School, 248 New Ballwin Road, Ballwin, MO 63021 Attn: Mrs. Reisel*
- *a copy of the student's birth certificate and baptismal certificate should be submitted for students enrolling in Preschool through Grade 8*

You will receive more information when your Application for Enrollment form has been received.

**STUDENT'S NAME** \_\_\_\_\_  
 Last First Middle Girl Boy Religion

**ADDRESS** \_\_\_\_\_  
 Street Number City State Zip Home Phone

Program/Grade Entering Mo/Yr Entering # of children in family Girls Boys Rank (1<sup>st</sup>, 2<sup>nd</sup>, etc.)

**BIRTH** \_\_\_\_\_  
 City State Month Day Year

**FATHER** \_\_\_\_\_  
 Last First Middle Religion

**MOTHER** \_\_\_\_\_  
 Maiden Name First Religion

Occupation Day Phone No. Cell Phone No.

Occupation Day Phone No. Cell Phone No.

E-Mail Address

E-Mail Address

***I would like to enroll my child for the following program:*** (students Kindergarten through Grade 8 -- see other side)

**PRESCHOOL**

(Student must be 3 years old by August 1)

**Classes offered Monday thru Thursday (7:50 -11:30 a.m.)**

**2 Days Per Week**

\_\_\_\_\_ Monday/Wednesday  
 \_\_\_\_\_ Tuesday/Thursday

**3 Days Per Week**

\_\_\_\_\_ Tuesday/Wednesday/Thursday

**4 Days Per Week**

\_\_\_\_\_ Monday/Tuesday/Wednesday/Thursday

**JR. KINDERGARTEN**

(Student must be 4 years old by August 1)

**4 Day Program with Half and Full day classes offered**

\_\_\_\_\_ Half Day Classes offered Monday thru Thursday (7:50 a.m. - Noon)

\_\_\_\_\_ Full Day Classes offered Monday thru Thursday (7:50 a.m. - 3:00 p.m.)

(Continued on other side)

**For students entering Kindergarten through Grade 8:**

*(students enrolling for Kindergarten must be 5 years old by August 1)*

**I would like to enroll my child for the following Grade:** \_\_\_\_\_

**NAME OF SCHOOL ATTENDED PREVIOUSLY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DATE ENTERED** \_\_\_\_\_ **DATE WITHDRAWN** \_\_\_\_\_

**REASON WITHDRAWN** \_\_\_\_\_ (see following codes)      Moved (1)    Illness (2)    Parental Wish (3)    Transferred (4)

**Please complete for all students Preschool through Grade 8:**

**BAPTISM**

**FIRST COMMUNION**

**CONFIRMATION**

**DATE** \_\_\_\_\_

**CHURCH\*** \_\_\_\_\_

**CITY/STATE** \_\_\_\_\_

\*If baptism was in a church other than Holy Infant, copy of certificate is required

**PARENTS' MARITAL STATUS** \_\_\_\_\_  
Married    Separated    Divorced – If divorced, which parent has legal custody?

**NAME OF PARENT WHO HAS PRIMARY PHYSICAL CUSTODY** \_\_\_\_\_

**NAME & ADDRESS OF NON-CUSTODIAL PARENT** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**DATE OF MOST RECENT CUSTODIAL DECREE, INCLUDING MODIFICATIONS** \_\_\_\_\_

**NAME OF YOUR LOCAL PUBLIC ELEMENTARY/MIDDLE SCHOOL** \_\_\_\_\_

**NAME & ADDRESS OF CURRENT PARISH** \_\_\_\_\_

**WHY DID YOU CHOOSE HOLY INFANT SCHOOL?** \_\_\_\_\_

**HOW DID YOU LEARN ABOUT US?** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Father*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother*

\_\_\_\_\_  
*Date*

*(Begins on other side)*