

Cardinal Shehan School

Application for the 2009 – 2010 School Year

PRE-K Application

*** For Office Use Only ***	
Fee Paid _____	Test Date _____
Birth Certificate _____	Results Mailed _____
Immuniz. Record _____	Tuition Billed _____
Report Card _____	Final Report Card _____
Stand. Tests _____	Records Req'd. _____
Soc. Sec. _____	Records Rec'd. _____
Letter of Recommendation _____	P/G Identification _____
SMART Form _____	

Please Print Clearly

Today's Date _____ Applying for Grade PK3 _____ PK4 _____ In September 2009

Student's Name _____ Tel. # _____ Sex _____
First Middle Last (home #)

Street address _____ City _____ Zip _____

Social Security Number _____ Date of Birth _____

Transferring from (School) _____

School's Address _____

Father: Name _____
First Middle Last

Education (Degree/Grade) _____

Father's place of employment _____

Occupation _____

Work telephone no. _____ Religion _____

Cell phone _____ Home phone _____
(If different from above)

Mother: Name _____
First Middle Last

Education (Degree/Grade) _____

Mother's place of employment _____

Occupation _____

Work telephone no. _____ Religion _____

Cell phone _____ Home phone _____
If Different from Above

Child is Living With: (Please check one)

_____ Both parents

_____ Mother only

_____ Father only

_____ Foster Home

_____ Legal Guardian

_____ Mother & Step-Father

_____ Father & Step-Mother

Specify)

_____ Other (Please

Child resides in two households: _____

Relationship

_____ Relationship

Has your child ever undergone any formal evaluation? Please check all that apply.

____ Educational ____ Medical ____ Psychological ____ Social

Has your child ever been retained? ____ yes ____ no _____ School _____ Year

Has your child ever had a conduct problem, which resulted in
_____ Suspension _____ Expulsion _____ No Conduct Problems

List all schools that your child has attended:

Name of School	Grade	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Religion _____

Church to which you belong _____

Street Address _____

City, State, Zip Code _____

Pastor's Name _____

List child's brothers and sisters. Begin with oldest. Give names, dates of birth & school sibling attends.

1. _____
2. _____
3. _____

List other members of your household and relationship to student

Tuition should be billed to: Name _____

Address _____

City/State/Zip _____