

SAINT KEVIN SCHOOL
e-mail: stkevinschool@aol.com
School Web Site www.saintkevinschool.org

Application for Admission

Date _____ Grade Applying For _____

Kdg. Half Day _____ Kdg. Full Day _____

Applicant's Full Name _____
Last First MI

Home Address _____
Street City Zip

Date of Birth _____ Place of Birth _____

School Presently Attending _____

Mother's Name _____
Last First Occupation

Father's Name _____
Last First Occupation

Telephone: Home _____ Business _____

Mother's Maiden Name _____

Religion of Parents: Mother _____ Father _____

Parish to which you belong: _____

Sacraments Child has Received:

Baptism _____
Church Month Day Year

First Communion: _____
Church Month Day Year

SS # of Child _____

Has your child ever been referred for an I.E.P Yes ___ No ___

Address where your child will be transported to and from school (if different from above) _____

At various times, photographs are taken of our students. I/we give permission for my child's picture to be used for the newspaper and other materials for St. Kevin School. _____