



School Application

Preschool – 8th Grade

A one-time, non-refundable fee of \$50 is required with this application.

(New family applicants to Saint Sebastian School only)

Date _____

STUDENT INFORMATION

Please Print

Registering for Grade _____

Student Name _____ M ___ F ___
First Middle Last

Birth Date ___/___/___ Public School District in which family resides _____

Address _____
Street
City Zip Code + 4

Family E-mail address _____

Home Phone (_____) _____ Student Social Security Number _____

Religion _____ Parish in which family is registered _____

Does the applicant have the following: Student lives with Both Parents Grandparents
_____ IEP Mother only Father only
_____ 504 Plan Other _____
Please specify

Family referred by _____

Mother's Information

Name _____ Home Phone(_____) _____
First Middle Last

Address _____
Street
City Zip Code + 4

Employer _____ Work Phone(_____) _____

Occupation/Title _____ Cell Phone(_____) _____

Father's Information

Name _____ Home Phone _____
First Middle Last

Address _____
Street
City Zip Code + 4

Employer _____ Work Phone(_____) _____

Occupation/Title _____ Cell Phone(_____) _____

