

Status of Parents: Married____ Separated____ Divorced/Single Parent____ Div/Remarried____ Deceased____

| | | |
|---|-----------------------------|----------------------------|
| Father: Last: _____ | First _____ | Middle _____ |
| Place of Birth _____ | U.S. Citizen ___ Yes ___ No | Race _____ |
| Religion _____ | Church Attending _____ | |
| Address (if different from applicant's) _____ | | |
| City _____ | State _____ | Zip _____ Home Phone _____ |
| Occupation _____ | Firm _____ | Work Number _____ |
| Education: High School _____ | College _____ | Advanced _____ |

| | | |
|---|-----------------------------|----------------------------|
| Mother: Last: _____ | First _____ | Maiden _____ |
| Place of Birth _____ | U.S. Citizen ___ Yes ___ No | Race _____ |
| Religion _____ | Church Attending _____ | |
| Address (if different from applicant's) _____ | | |
| City _____ | State _____ | Zip _____ Home Phone _____ |
| Occupation _____ | Firm _____ | Work Number _____ |
| Education: High School _____ | College _____ | Advanced _____ |

Child lives with, if not parents, please fill in:

| | | | |
|---------------------------------------|-------|--------|-----------|
| _____ | _____ | _____ | _____ |
| Last Name of Legal Custodian/Guardian | First | Middle | Telephone |

Person responsible for tuition payments: _____

| | | |
|-------|---------|--------------|
| _____ | _____ | _____ |
| Name | Address | Relationship |

Does your child have any health problems? Physical/Emotional? Eg. Diabetic, Hyper-active, etc. ___ Yes ___ No

Please explain: _____

Are there any situations or pertinent information which we should know in order to further understand your child?
eg. Custodial rights, visitation rights, child has been in counseling, etc. _____

Has your child been tested for Learning Disabilities? (ADD/ADHD/BEHAVIOR PROBLEMS) ___ YES ___ NO
Place _____ Date _____

Will you release a copy of the evaluation? YES ___ NO ___

Is your child on any Medications? YES ___ NO ___ If yes, please list name, dosage and time given:

| | | |
|--------------------|--------|-------------|
| _____ | _____ | _____ |
| Name of medication | Dosage | Times given |

CATHOLIC FAMILIES ONLY (Information necessary in order to qualify for Parochial Tuition Rate)

Area Parish attending _____ Envelope Number _____

Are you a registered, active and supporting member? Father: Yes ___ No ___ Mother: Yes ___ No ___

**POLICIES OF THE CATHOLIC SCHOOLS
Diocese of Birmingham in Alabama**

Applications for registration implies good will on the part of parents in complying with the philosophy and regulations of Catholic Schools, Diocese of Birmingham, Alabama (see *Handbook of Policies*).

"Every Catholic elementary and secondary school in the school system of the Diocese of Birmingham admits students without regard to sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the schools. Schools do not discriminate on the basis of sex, race, color, national and ethnic origin in its employment practices, administration of educational policies, admission and treatment of students, scholarships and loan program, and athletic and other school administered programs."

It is our right and duty to decline the application of students who do not meet our standards of achievement and behavior. Grounds for expulsion include, but are not limited to, possession or use of alcohol, drugs, weapons, or other serious misconduct.

All new students must present previous report card or records and present birth or baptismal record for proof of age.

Children entering kindergarten must be five years of age by September 1 of this year. Children entering first grade must be six years of age by September 1 of this year. Proof of age must be presented at time of application, and it will be subject to verification.

All students are required to participate in religion classes and any other specified religious activities or services.

Any information on this form which is later found to be erroneous could be cause for nullification of registration or immediate dismissal of student.

Superintendent of Schools
Diocese of Birmingham in Alabama

Please read and sign:

I have read and understood this application, and I further certify that the information I have submitted is complete and accurate to the best of my knowledge and belief. I agree to communicate in writing to the Principal any changes contained herein even if said changes occur after my child has been enrolled. I understand that upon discovery of substantial inaccuracy of any information here, or omission of information requested herein. St. Francis Xavier School reserves the right to revoke admission to the school.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____