

## 2022-2023 Application for Admission 4th - 8th Grade

**Grade Level Student Applying: (Circle One)** 

th	5th	6th	7th	8th			
Child's	Full Name:						-
Preferr	ed Name:						
Date oj	Birth:				Gender:	M F	
rimar	y Address:				City:		Zip:
Primar	y Phone:						
Catholi							
3aptisr	n Date:		Church:			City/State:	
Reconc	iliation Date:_		Church:_			City/State:	
irst Eu	charist Date:_		Church:_			City/State:	
THNIC		<i>ical Purp</i> n	Multi-Racial	<b>se circle <u>al</u>l tha</b> Nati	ve Hawaiian/Pac	rican Indian/Native Alas ific Islander Whi	
-	to St. Francis B	orgia by:					
eferred	to St. Francis B s School Atten						
eferred reviou	s School Atten	ided:				of Withdrawal:	
eferred reviou lame:_	s School Atten	ided:			Date		

❖ What grade do you intend for your child to continue at St. Francis Borgia Catholic School?

❖ Please share your reasons for sending your child to St. Francis Borgia CatholicSchool:

- \* A non-re-fundable / non-transferable \$90.00 Registration Fee, Application Form, original Birth Certificate, latest report card for students entering 4K - 8th, and two letters of recommendation for students entering 4th through 8th, are required to complete this application. Please remember, classes are filled on a first come, first served basis.
- \* St. Francis Borgia Catholic School admits students of any race, color and national or ethnic origin.
- \*\* A student's initial enrollment is probationary for the first full year of school. After the initial year, enrollment status is reviewed annually.
- \*\* St. Francis Borgia Catholic School does not have programming or staff to meet the needs of students who have emotional and/or psychological problems, their remaining in the school will be at the discretion of the principal.
- \*\* All students must be toilet trained.

SFB Alum:

NO

Parents/ Gu	uardian S	ignature:		Date:			
Parent / Gu	ıardian Si	gnature:		Date:			
			NFORMATION				<del></del>
Please Circle:	:	Father	Mother	Stepfather	Stepmother	Guardian	
Mr. / Mrs. / N	⁄ls. / Dr						
Street Addres	ss:				City/Zip:		
Primary Phone Number:					Cell / Home / Work		
Primary Emai	l:						
Occupation:_					Employer:		
Catholic:	YES	NO	Religion , if	not Catholic:			
SER Alum:	NO	YES	Class of:				

Please Circle:	Father	Mother	Stepfather	Step	mother	Guardian	
Mr. / Mrs. / Ms. /	<sup>/</sup> Dr						
Street Address:				_City/Zip:			
Primary Phone N	umber:		Cell / Home / \	Work			
Primary Email:							
Occupation:				Employer:			
Catholic: Y	'ES NO Reli	gion if not Cathol	ic:				
SFB Alum: N	IO YES Clas	s of:					
Parent(s) (Circle o	one):		Married	Separated	Divorced	Widowed	Single
If Divorced or Sep	parated Legal Cust	ody (Circle):	Joint	Mother	Father	Guardian	
Child(ren) Reside with (Circle One):			Both Parents	Mother	Father	Guardian	
Siblings Not Atte	nding St. Francis B	orgia Catholic Sch	ool:				
1			Brother /	Sister	DOB:		
2	·			Brother / Sister			
3			Brother /	Sister	DOB:		
4			Brother /	Brother / Sister			