

DIVINE MERCY ACADEMY
Application for Admission

A non-refundable deposit of \$150.00 per family is due at the time of registration.
Copies of immunizations, birth and baptismal certificates must be submitted at time of application.

STUDENT'S INFORMATION

Child: _____
(Last Name) *(First)* *(Middle)*

Date of Birth: _____ Place of Birth: _____ Sex: ___ Male ___ Female

Entrance Grade: _____ Entrance Date: _____ Transfer from: _____
(Name of School) *(City/State)*

For Pre-K Families Only: Number of Days Attending: _____ Half-Day or Full-Day: _____

Days of the week your child will be attending Divine Mercy Academy: _____

Sacrament	Church	Location	Date
Baptism			
First Communion			
Penance			

FATHER'S INFORMATION

Name: _____
(Last Name) *(First)* *(Middle)*

Occupation: _____

Religion: _____ Place of birth: _____

Home Street Address: _____

City, State, Zip: _____

Home phone: _____

MOTHER'S INFORMATION

Name: _____
(Last Name) *(First)* *(Middle)*

Occupation: _____

Religion: _____ Place of birth: _____

Home Street Address: _____

City, State, Zip: _____

Home phone: _____

Marital Status: _____ If applicable, who is the custodial parent/guardian? _____

If Catholic, what parish are you a member of? _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Amount Paid: _____ Check#/Cash: _____ Date: _____ Received By: _____

Birth Certificate _____

Baptism Certificate _____

Immunization Records _____

DIVINE MERCY ACADEMY
September 2021 to June 2022

Family Name: _____

Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____

Father's name: _____

Father's occupation: _____

Father's email: _____

Father's work phone: _____

Mother's name: _____

Mother's occupation: _____

Mother's email: _____

Mother's work phone: _____

Home Street Address: _____

City, State, Zip: _____

Home phone: _____

IN THE EVENT A PARENT CANNOT BE REACHED, PLEASE CALL THE FOLLOWING AND THEY HAVE PERMISSION TO PICK UP MY CHILD/CHILDREN:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

Remarks: _____

Allergies/Conditions: _____

Child's Physician: _____ Physician's phone #: _____