

**For office use only.**

- Birth Certificate
- Baptismal Certificate
- Immunization Record
- Custody Papers
- Report Card (if applicable)

**St. Eugene School  
110 S. Oak Avenue  
Primos, PA 19018**

**For office use only.**

Date: \_\_\_\_\_  
Reg. Fee Pd. \_\_\_\_\_  
Cash \_\_\_\_\_  
Check # \_\_\_\_\_

**Application for Admission**

**Student Information**

**Name of Student:** \_\_\_\_\_  
Last First Middle

**Sex:**  Male  Female **Grade for September:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_  
\_\_\_\_\_

**School District:** \_\_\_\_\_ **Bus needed:**  Yes  No

**Home Phone Number:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Student's Place of Birth:** \_\_\_\_\_ **U.S. Citizen:**  Yes  No

**Ethnicity:**  Caucasian  African-American  Hispanic  Asian  American Indian  
 Pacific Islander  Multi-Racial  Other \_\_\_\_\_

**Language Spoken at Home (if not English):** \_\_\_\_\_

**School Last Attended:** \_\_\_\_\_

**Address of School:** \_\_\_\_\_  
\_\_\_\_\_

**Religious Background**

**Family's Current Registered Parish:** \_\_\_\_\_

**Student's Religion:** \_\_\_\_\_

**Student's Baptism:** \_\_\_\_\_  
Church City State Date

**Holy Eucharist:** \_\_\_\_\_  
Church City State Date

**Confirmation:** \_\_\_\_\_  
Church City State Date

## Family Information

**Marital Status of Parents:**     Married                       Divorced         Remarried  
 Single Parent                       Separated         Other \_\_\_\_\_  
 Mother Deceased                       Father Deceased  
 Custody Arrangements \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Father's Place of Birth:** \_\_\_\_\_ **Father's Occupation:** \_\_\_\_\_

**Father's Place of Employment:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Father's Religion:** \_\_\_\_\_

**Father's E-Mail Address:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

**Mother's Place of Birth:** \_\_\_\_\_ **Mother's Occupation:** \_\_\_\_\_

**Mother's Place of Employment:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mother's Religion:** \_\_\_\_\_

**Mother's E-mail Address:** \_\_\_\_\_

Names of brothers/sisters	M/F	Age	School Attended

(Answer the following questions in this section only if relevant.)

**Step parent/guardian's Name:** \_\_\_\_\_

**Step parent/guardian's Place of Birth:** \_\_\_\_\_

**Step parent/guardian's Occupation:** \_\_\_\_\_

**Step parent/guardian's Place of Employment:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Step parent/guardian's Religion:** \_\_\_\_\_

**Step parent/guardian's E-Mail Address:** \_\_\_\_\_

**Remarks (student disabilities/unusual circumstances/special services required or previously received):**

\_\_\_\_\_

\_\_\_\_\_

**Are you interested in our after school care program?**                       Yes                       No

**I certify that the above information is accurate and complete.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_