



ST. BARTHOLOMEW ACADEMY

The Catholic Academy that makes a difference in your child's life.

APPLICATION FORM 2020-2021 SCHOOL YEAR

(Office Use: Registration fee _____)

PLEASE PRINT CLEARLY

Student's Name _____ Male/Female _____ Grade in Sept _____
Last First Middle

Address _____
Street City Zip

Phone # _____ Religion _____

Place of Birth _____ City & State _____ Date of Birth _____ Age _____

Ethnic Origin (please check one)

Asian Black Hispanic Multi-Racial Native Alaskan/American Indian Native Hawaiian/Pacific Islander White

Date Entering St. Bartholomew Academy _____ Former School & Address _____

Father's Name _____ Father's Address _____

Father's Religion _____ Father's Occupation _____

Father's Employer, Address, Phone #: _____

Email Address _____ Father's Cell Phone _____ US Citizen? Y/N

Mother's Name _____ Mother's Address _____

Mother's Religion _____ Mother's Occupation _____

Mother's Employer, Address, Phone #: _____

Email Address _____ Mother's Cell Phone _____ US Citizen? Y/N

Marital Status: Married Widowed Separated Divorced Mother Remarried Father Remarried

If parents are divorced/separated, who has legal custody of the child? _____

Please check one: Catholic Non-Catholic

St. Bartholomew Parishioner # _____

Other Catholic Parish (Name, Address of Church) _____

Baptism: Date/Name & Address of Church: _____

First Communion: Date/Name & Address of Church: _____

First Reconciliation: Date/Name & Address of Church _____

Parent Signature _____ Date _____