



**St. Agnes Cathedral School**  
**National School of Excellence**  
 70 Clinton Avenue  
 Rockville Centre, New York 11570  
 (516) 678-5550  
 Fax (516) 678-0437

*Mrs. Cecilia St. John*  
 Principal

*Mr. Justin Grover*  
 Assistant Principal

Application for Grade \_\_\_\_\_

Date of Registration \_\_\_\_\_

Last Name (Please Print)		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth	Mo.	Day	Year
Please Indicate: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Please also indicate how you would like correspondence to be addressed: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. and Mrs. _____ <i>Print name(s) above</i>						
Address				Father's Name		Father's Occupation		
City, State, Zip				Mother's First & Maiden Name		Mother's Occupation		
Mother's Cell Phone #			Father's Cell Phone #		Guardian's Name		Guardian's Occupation	
Change of Address			Home Telephone #		Father's Religion		Birthplace	Living
Baptismal Church		Location	Date		Mother's Religion		Birthplace	Living
First Communion Church		Location	Date		Father's Business Address		Business Phone #	
First Penance Church		Location	Date		Mother's Business Address		Business Phone #	
Confirmation Church		Location	Date		Father's e-mail address		Mother's e-mail address	
Names of Brothers & Sisters		Born:	Mo.	Day	Year	Names of Brothers & Sisters		Born: Mo. Day Year
Public School District		Parish Registered In			Location		Language Spoken at Home	
Geographic Parish (if different from above)								
Kindergarten Attended. Fill in ONLY if child is coming into 1 <sup>st</sup> grade.								
SCHOOL			ADDRESS			PHONE		
School PRESENTLY attending								
SCHOOL			ADDRESS			PHONE		
If you are a <u>new</u> family in the school, please indicate here: YES _____ NO _____								