

SAINT ADELAIDE ACADEMY
A Ministry of St. Adelaide Catholic Church
STUDENT APPLICATION FORM

New Students Only

Diocese of San Bernardino
St. Adelaide Academy
27487 Baseline, Highland, CA 92346
909-862-5851 FAX 909-862-2877

Date of Registration: _____
Will Enter Grade: _____
Male: _____ Female: _____

STUDENT'S NAME _____
Last First Middle

BIRTHDATE _____
Month Day Year City State Social Security Number

ADDRESS _____ PHONE _____
Street City State Zip CELL _____

ENTERING FROM _____ PRESENT GRADE _____

FATHER'S NAME _____ YES () NO ()
Last First Middle U.S. Citizen

Religion Occupation Business Address Business Phone

MOTHER'S MAIDEN NAME _____ YES () NO ()
Last First Middle U.S. Citizen

Religion Occupation Business Address Business Phone

SIBLING NAMES AND AGES _____

CHILD'S ETHNIC ORIGIN: Caucasian/Other _____ Native American _____ Filipino _____ Hispanic _____
Asian/Pacific Islander _____ African American/Black _____ Multiracial _____

CUSTODIAL CARE: Both Parents _____ Mother Only _____ Father Only _____ Mother Deceased _____ Father Deceased _____
Mother Remarried _____ Father Remarried _____

STEP-PARENT'S NAME _____ Yes () No ()
Last First Middle U.S. Citizen

Religion Occupation Business Address Business Phone

BAPTISM _____
Church City State Date

FIRST RECONCILIATION Yes () No () FIRST COMMUNION Yes () No ()

Parish you are registered in _____

Do you attend Mass regularly? Yes () No ()

How did you hear about our school? _____

Parent's Signature

Date