

St. Maria Goretti School **Study Hall** 2016-2017 APPLICATION FORM

Please Print All Information

STUDENT INFORMATION

Grade in Fall _____

Legal Last Name of Student _____ First _____ Date of Birth _____ Birthplace _____ Male/Female _____

Home Address _____ City/Zip Code _____ Home Telephone (____) _____

Name & Address/City/Zip of School Previously Attended _____ Telephone _____

Does the applicant have physical/emotional problems requiring special attention?

If so explain: _____

FAMILY INFORMATION (Birth Parents or Legal Guardians)

Last Name of Father _____ / _____ First _____ / _____ Religion _____ / _____ Birthplace _____ (____) _____ Home Telephone _____

Profession _____ Company Name _____ Address _____ (____) _____ Workplace Telephone _____ (____) _____ Cell Phone _____

Please check Appropriate Space: Married Separated Divorced Remarried Deceased Single

Home Address if different than above _____

Live in same Household as applicant: Yes No E-mail address _____

INFORMATION WILL BE KEPT CONFIDENTIAL

Last Name of Mother _____ / _____ First _____ / _____ Religion _____ / _____ Birthplace _____ (____) _____ Home Telephone _____

Profession _____ Company Name _____ Address _____ (____) _____ Workplace Telephone _____ (____) _____ Cell Phone _____

Please Check Appropriate Space: Married Separated Divorced Remarried Deceased Single

Home Address if different than above _____

Live in same Household as applicant: Yes No E-mail address _____

I UNDERSTAND THE REQUIREMENTS AND GUIDELINES FOR MY CHILD TO ATTEND STUDY HALL.

Signature of Father/Legal Guardian _____ Date _____

Signature of Mother/Legal Guardian _____ Date _____