



**St. Stanislaus School
Fall River, Massachusetts**

Admission Application for Academic Year 20____/____

____ Preschool ____ Kindergarten ____ Other : Grade requested ____

1. Student Information

Name _____ Date of Birth _____ Gender M / F

Address _____ City/State _____ Zip _____

Mailing Address (If different from above) _____

Place of Birth (City/State) _____

Why are you choosing Catholic education for your child?

2. Family Information

Father's Name _____ Home Phone _____

Address _____ City/State _____ Zip _____

Occupation _____ Work Phone _____

Company _____ Cell Phone _____

E-Mail Address _____

Parish _____ Formally registered? _____ Practicing? _____

Mother's Name _____ Home Phone _____

Mother's Maiden Name _____

Address _____ City/State _____ Zip _____

Occupation _____ Work Phone _____

Company _____ Cell Phone _____

E-Mail Address _____

Parish _____ Formally registered? _____ Practicing? _____

Please turn over

How did you hear about the School? _____

Do you have any relatives who have attended or attend the school now? _____ Yes _____ No

3. Sacramental Information

Date of Child's Baptism _____ Church _____ City _____

Date of First Eucharist _____ Church _____ City _____

4. If child is a transfer

School presently attending _____ Grade _____

Is your child in a Special Needs program at present school? _____ Yes _____ No

NOTE: Transcripts, IEP's, and 504 plans (if applicable) must be forwarded to us in order to complete the application process.

Signature _____ Date _____

\$50.00 Application fee received _____ Yes _____ No