



**ST. PATRICK INTERPARISH SCHOOL**

**550 NE 16 AVE**

**Gainesville, FL 32601**

**352-376-9878 Fax 352-371-6177**



Grade applying for \_\_\_\_\_

For School Year \_\_\_\_\_

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Gender \_\_\_\_\_

Citizenship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

F/Employment \_\_\_\_\_

M/Employment \_\_\_\_\_

Business phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Business phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

F/Occupation \_\_\_\_\_

M/Occupation \_\_\_\_\_

F/Religion \_\_\_\_\_

M/Religion \_\_\_\_\_

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Student's Religion \_\_\_\_\_

Family Church \_\_\_\_\_

Baptism \_\_\_\_\_

\_\_\_\_\_

Church

City/ State

Reconciliation: Yes No

Eucharist: Yes No

Confirmation: Yes No

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Student lives with: \_\_\_ both parents \_\_\_ father \_\_\_ mother \_\_\_ guardian (Name) \_\_\_\_\_

Heritage: \_\_\_ Black, not Hispanic \_\_\_ Hispanic \_\_\_ American Indian \_\_\_ Asian \_\_\_ White \_\_\_ Other



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## ACADEMIC INFORMATION

Name of Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Grade at time of leaving \_\_\_\_\_

AS PARENT/GUARDIAN OF THE ABOVE-NAMED STUDENT, I HEREBY AUTHORIZE THE SCHOOL IDENTIFIED ABOVE TO RELEASE ANY AND ALL RECORDS REGARDING MY MINOR CHILD TO ST. PATRICK INTERPARISH SCHOOL, 550 NE 16th AVENUE, GAINESVILLE, FL 32601.

\_\_\_\_\_ Date \_\_\_\_\_ Parent Signature

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Has your child ever been referred for or undergone specialized testing and/or treatment for any of the following:

\_\_\_\_\_ ADHD \_\_\_\_\_ ADD \_\_\_\_\_ Dyslexia \_\_\_\_\_ Speech \_\_\_\_\_ Hearing \_\_\_\_\_ Psychological \_\_\_\_\_ Other Learning Disability \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Has your child ever been retained a grade level in school? \_\_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

\_\_\_\_\_