

APPLICATION FOR ADMISSION

St. Alphonsus Catholic School

(3 & 4 Year-old Preschool through 6th Grade)

504 Jackson Avenue Ocean Springs, MS 39564 (228) 875-5329

Please visit our web site: www.stal.org

Application Date: _____ Applying for Grade: _____ Applying for School Year: _____ to _____

Name of Student: _____ Name Used: _____
Last First Middle

Birthdate: _____ Sex: M F Race: _____ Social Security #: _____

Home Address: _____
Street Address
City State Zip

Home Telephone: _____ Parent E-Mail Address: _____

Current School: _____ Grade Now: _____

School Address: _____

City, State, Zip Code: _____

School Telephone: _____ School Fax Number: _____

Father's Name: Mr. / Dr. _____ Occupation: _____

Company Name: _____ Work Phone: _____

Mother's Name: Mrs. / Ms. / Dr. _____ Occupation: _____

Company Name: _____ Work Phone: _____

Cell Phones: Mother _____ Father _____

Religion: _____ Church Membership: _____

Marital Status (Circle One) Married Divorced Single Separated Widowed

(If any guardianship or custody papers exist, a certified copy will need to be provided.)

How did you hear about St. Alphonsus School? _____

Is either parent an Alumnus of St. Alphonsus? _____ Years of Attendance: _____

SIBLINGS CURRENTLY ATTENDING ST. ALPHONSUS:

Name _____ Current Grade _____

Name _____ Current Grade _____

Name _____ Current Grade _____

Name _____ Current Grade _____

Please check all that apply:

() Applying for Subsidy () Applying for Scholarship () Need additional tuition assistance () Donate \$100 to tuition assistance

TUITION ARRANGEMENTS: (Circle One) 1 Payment 2 Payments 10 Payments 11 Payment

SIGNATURE OF PARENT / GUARDIAN: _____ Date: _____

St. Alphonsus Catholic School...Where Faith and Knowledge Meet...