

Applicant's brothers & sisters:				
Name	Age	Grade in	Name of School	Formerly Attended or Graduated Cathedral

Last School Applicant Attended: _____

_____ *Street Address* _____ *City/State* _____ *Zip Code* _____ *Phone #*

List Applicant's hobbies, special interests, and activities _____

Has the applicant ever experienced disciplinary problems resulting in probation, suspension or dismissal from school?
 ___ No ___ Yes, please explain: _____

Does student have any special needs? _____ No _____ Yes, please explain: _____

Has the applicant undergone any diagnostic testing or evaluations for learning disabilities?
 _____ No _____ Yes, please explain: _____

May we contact therapist, counselor, psychologist? ___ Name of therapist: _____ May we obtain copies of the reports? ___

What are your goals for your student at Cathedral School? _____

What After-School Care (Prek-4th grade), if any, do you need for your child? _____

List any relatives who attend or have attended Cathedral School _____

Who recommended Cathedral School to you? _____

Who is the responsible financial Party? _____

Please provide name and address if different from first page.

I hereby make application to enroll my child as a student at Cathedral School. I understand, if accepted for enrollment, my child will be placed only if space is available in the appropriate grade. I understand, if I choose to withdraw from registration the \$200 registration fee is nonrefundable. All student enrollments are probationary for 90 days. I also understand, if my child is accepted to Cathedral School, he/she will be subject to the rules and regulations stated in the admissions information and school handbook which is revised annually. I further understand I will be financially responsible for the fees and tuition charges which are revised annually.

 Signature of Parent/ Guardian

 Date