



APPLICATION FOR ADMISSION 2008-2009 SCHOOL YEAR

This application is to be completed by the parent or guardian of the applicant. Please print. (Complete one form for each student to be enrolled.)

Applicant's Name: _____ Nickname: _____
LAST FIRST MIDDLE

Male Female Date of Birth _____ Place of Birth _____
month/day/year city/state/country

Is Applicant a U.S. Citizen? Yes No If no, current U.S. status _____

Address: _____
NUMBER STREET CITY STATE ZIP COUNTY SCHOOL DISTRICT

Home Phone Number: _____ Student Email Address: _____

Religion of Applicant: _____ Home Parish or Church of Applicant: _____

SACRAMENTS RECEIVED (if applicable)		
BAPTISM	FIRST EUCHARIST	CONFIRMATION
PARISH: _____	PARISH: _____	PARISH: _____
DATE: _____	DATE: _____	DATE: _____

Present Grade in School: _____ Present School: _____

Describe any special circumstances that may have affected the applicant's performance in school (illness, emotional or physical handicaps, medication, particular learning difficulties, or frequent change of schools).

Has the applicant ever been suspended, expelled, or asked to withdraw from any school? No Yes If YES, please explain below or on a separate sheet.

List any prescribed current treatment(s) / medications taken by the applicant:

The following information on ethnic background is **optional**. Please check as appropriate:

African American American Indian Asian Caucasian Hispanic Pacific Islander
 Other _____

With whom does the applicant live? (Check one)

Mother and Father Mother Only Father Only Joint Custody
 Mother and Stepfather Father and Stepmother Legal Guardian(s)

Did applicant's father or mother graduate from Muskegon Catholic Central? No Yes Graduation Year: _____

How did you learn about Greater Muskegon Catholic Schools? _____

