APPLICATION FOR ADMISSION SCHOOL YEAR 2008-2009

St. Dominic School

Applying for grade	Date of Applica	uon	
Name of Student		M	F
Home Address			
Street Home Phone	City	Zip	
Date of Birth	Place of Birth		
Applicant's Religious Affiliation _			
Baptism Date	Church		
1 st Communion Date	Church		
Presently enrolled at			
Phone numberAddr	ess	Grade	
Has applicant had learning problem of the learning problem? Why do you want your child/child	ren to attend St. Dominic S	chool?	
FATHER	MOTHER (Ma	iden Name)	
Name	Name	_	
Address	Address		
Employer	Employer		
Employer Ph. #	Employer Ph. #		
Occupation	Occupation		
Religious Affiliation	Religious Affilia	ation	

Applicant lives with	Both Parents	Mother	Father	Guardian
List other children attend	ing St. Dominic's			
List other children applyi	ng to St. Dominic's			
Are you a registered and	contributing member of	of St. Dominic's	s Church?	
Registration number				
Are you a registered men	iber of another parish?	Name o	of parish	
Please attach a copy of: F	Birth Certificate Sho	t Records Bap	otismal Certif	ïcate
For grades 1-8 please atta Please give Confidential				
Thank you for your appli Non-refundable application		School. Please	attach your \$	25.00
Once application is com You will be notified who renewed every year.	_ , ,	-		
Signature of Parent				
A limited amount of finandemonstrated need for as				es with a