

MATER DOLOROSA SCHOOL APPLICATION FOR ENTRANCE

(Please Print)

Date _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____

Place of Birth: City _____ State _____ Birthdate ____ / ____ / ____

Child's Social Security # _____

Address _____ City _____ Zip _____

Home Phone (____) _____ U.S. Citizen? _____ I-20# _____

Ethnic Heritage _____

Baptism Date ____ / ____ / ____ Church _____ City _____ State _____

PARENTS' OR LEGAL GUARDIANS' INFORMATION

Father's Last Name _____ First Name _____ Initial _____

Home Phone (____) _____ Place of Birth City _____ State _____

Religion _____ Occupation _____

Business Phone (____) _____ U.S. Citizen? _____

Mother's Last Name _____ First Name _____ Initial _____

Home Phone (____) _____ Place of Birth City _____ State _____

Religion _____ Occupation _____

Business Phone (____) _____ U.S. Citizen? _____

Parents are registered members of what Parish? _____

Present Home Condition (**please check all that apply**)

Both Parents Present ____ Separated ____ Divorced ____ Single Parent ____

Dual/Joint Parent Custody _____ Single Parent Custody _____

Parent/Step Parent Custody _____ Foster Home _____

Father Deceased _____ Mother Deceased _____

Student is applying for admission to Grade _____

School most recently attended _____

School Address _____

City _____ State _____ Zip _____

If applicable, please list First Communion Date ___/___/___

Church _____ City _____ State _____

Parent's Signature _____

Please attach the following:

-Copies of Birth & Baptismal Records, Social Security Card

-Non-refundable check for \$50.00 to cover application and testing fees