



Current Date _____

ST. BONIFACE SCHOOL APPLICATION FOR ADMISSION

CHILD'S NAME _____ Admission requested for _____
Month Year

Grade (for admission) _____ Sex (please circle) M F

Place of Birth _____ Date of Birth _____

School Last Attended (or Pre School) _____

Child's Religion _____

Baptism Date _____ Church _____

Sacrament of Reconciliation Yes ___ No ___

First Communion Date _____ Church _____

Child Lives with ___ Both Parents ___ Mother ___ Father
___ Other (Please specify) _____

Do other siblings attend St. Boniface School/Pre-school _____ (if yes, please specify) _____

Has child attended Special Education or Title (Remedial) classes? ___ Yes ___ No
Does this child have special needs/problems the school should be aware of? ___ Yes ___ No
If yes, please explain _____

Please describe any special circumstances that relate to the child's home situation _____

ARE YOU A REGISTERED MEMBER of St. Boniface Church? ___ How many years? ___

Are you a practicing Catholic? _____

In which activities/organizations have you been actively involved? _____

IF YOU BELONG TO ANOTHER PARISH or transferred to St. Boniface within the last year, state the name of the parish _____

Pastor's name _____ Phone _____

Please attach a letter of recommendation from your pastor.

ARE YOU A NON-CATHOLIC? ___ If yes, denomination _____

Name of church you attend _____

Pastor's name _____

Please attach a letter of recommendation from your pastor/minister.

*Please include the non-refundable \$50 application fee with this form.
Checks should be made payable to: St. Boniface School*

FAMILY INFORMATION

Father's Name _____
Address _____ City _____
State/Zip _____ Phone _____ Cell Phone _____
Email Address _____
Place of Birth _____ Religion _____
Occupation _____ Employer _____
Work Phone _____
Marital Status: ___ Married ___ Divorced ___ Separated ___ Remarried ___ Deceased ___ Single

Mother's Name _____ (Maiden) _____
Address _____ City _____
State/Zip _____ Phone _____ Cell Phone _____
Email Address _____
Place of Birth _____ Religion _____
Occupation _____ Employer _____
Work Phone _____
Marital Status: ___ Married ___ Divorced ___ Separated ___ Remarried ___ Deceased ___ Single

If applicable, check one and then complete the following information:

___ Stepfather ___ Stepmother ___ Guardian ___ Other

Name _____
Address _____ City _____
State/ Zip _____ Phone _____ Cell Phone _____
Email Address _____
Place of Birth _____ Religion _____
Occupation _____ Employer _____
Work Phone _____

How many years of Catholic education do you desire for your child ___ K-5 ___ K-8
_____ Other

Please list younger children: Name _____ Birth Date _____

Please explain why you want a Catholic education for your child _____

Please state any special circumstances that you think should be considered in admitting your child to Saint Boniface _____

