



# St. Norbert School Application Form



## Student Information

Student's name \_\_\_\_\_  
(First) (Middle) (Last)

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_ City/State of hospital where born \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Township \_\_\_\_\_

Email \_\_\_\_\_ Home phone number \_\_\_\_\_

School district in which child resides \_\_\_\_\_ Bus needed  Yes  No Parish \_\_\_\_\_

## Educational Experience

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student seeks to enroll in grade \_\_\_\_\_ School year applying for \_\_\_\_\_

Interested Pre-K students must indicate:  Pre-K4-Five 1/2-Day Program  Pre-K4- Three 1/2-Day/Two Full-Day Program  Pre-K4-Five Full-Day Program

## Mother's Information

Mother's name \_\_\_\_\_  
(First) (Middle) (Last)

Mother's country of birth \_\_\_\_\_ Mother's religion \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer's information \_\_\_\_\_  
(Employer Name) (Occupation/Title)

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## Father's Information

Father's name \_\_\_\_\_  
(First) (Middle) (Last)

Father's country of birth \_\_\_\_\_ Father's religion \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer's information \_\_\_\_\_  
(Employer Name) (Occupation/Title)

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**(Please Turn Over)**



**Family Information**

Parent's marital status:  Married  Separated  Divorced  Widowed  Single Language spoken at home \_\_\_\_\_

Other children at SNS	Grade	Other children at home	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student resides with:  Both parents  Mother  Father  Other \_\_\_\_\_

**If Applicable:**

Primary physical custodial parent/guardian \_\_\_\_\_ Custodial court papers  Yes  No (If yes, must accompany registration)

Please provide stepparent information \_\_\_\_\_

**Sacraments**

Religion  Catholic  Non-Catholic (Please specify) \_\_\_\_\_

Baptism Date \_\_\_\_\_ City/State \_\_\_\_\_ Church \_\_\_\_\_

Reconciliation Date \_\_\_\_\_ City/State \_\_\_\_\_ Church \_\_\_\_\_

Eucharist Date \_\_\_\_\_ City/State \_\_\_\_\_ Church \_\_\_\_\_

Confirmation Date \_\_\_\_\_ City/State \_\_\_\_\_ Church \_\_\_\_\_

For statistical reporting, please check one of the following:  Black/African American  Hispanic  Asian  Native American Indian/Alaskan  
 Native Hawaiian/Other Pacific Islander  White  Multi-racial

Parent(s) Signature \_\_\_\_\_

**New Students Must Submit:**

- Application form  New Student  Sibling
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if not baptized at St. Norbert Parish)
- Copy of Immunizations to date
- \$100 Application fee (non-refundable)
- \$300 Tuition deposit (non-refundable) upon acceptance to SNS

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Application	<input type="checkbox"/> Accepted
<input type="checkbox"/> St. Norbert Church	Date Rec. _____
<input type="checkbox"/> Birth Certificate	Date Accepted _____
<input type="checkbox"/> Baptismal Certificate	Start Date _____
<input type="checkbox"/> Immunizations	Initialed By _____
<input type="checkbox"/> Application fee	Check # _____
<input type="checkbox"/> Deposit	Check # _____