



## Saint Linus School Student Application

### Student Enrollment Information

Student Name (Last, First, Middle) \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_ GRADE FOR 23/24 \_\_\_\_\_

Baptism: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Pre-K... Please indicate days and times \_\_\_\_\_ AM \_\_\_\_\_ FULL DAY: Mon Tue Wed Thur Fri

Ethnic Code: A- Asian, B-Black, H-Hispanic, M-Multiracial, R-Arab, W-White

Does Student have any allergies or health concerns: \_\_\_\_\_

If Transferring Into St. Linus ... Prior School \_\_\_\_\_ Years Attended \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

### Parent / Family Information

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Parent 1 Phone : \_\_\_\_\_ Parent 2 Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_ Parent 2 Email \_\_\_\_\_

Parent 1 Occupation \_\_\_\_\_ Parent 2 Occupation \_\_\_\_\_

Parishioner: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Emergency Contact Numbers

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

School District you reside in: Please circle one:

Covington Hannum Hometown Kolmar Sward Stony Creek OLHMS CPS