

Student Previously Enrolled In Catholic School

Name of School Previously Enrolled: _____

Student Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____

Country of Citizenship: _____

Name of School currently enrolled and accepted: _____

PROGRAM START DATE (FOR SUMMER SCHOOL SESSION)

Date Student Begins School Program: Month _____ Day _____ Year _____

Date Student Will Complete Program: Month _____ Day _____ Year _____

List any conditions of enrollment: _____

PROGRAM START DATE (FOR REGULAR SCHOOL SESSION)

Grade Level to Begin School Program: _____

Date Student Begins School Program: Month _____ Day _____ Year _____

Date Student Will Complete Program: Month _____ Day _____ Year _____

() Estimated Length of Study in this school: 1 Year _____ 2 Years _____ 3 years _____ 4 Years _____

Student's U.S. Address _____

Guardian Name: _____

Guardian Address: _____

Guardian Telephone No: _____

Name of Person Filling out Form: _____

Telephone Number: _____

Today's Date: _____

**RETURN TO CATHOLIC SCHOOLS OFFICE
ATTN: Administrative Assistant
Fax: (214) 522-1753**