

**Diocese of Manchester**  
**Grades K-8**  
Application for Enrollment

**Please print or type all information**

Academic Year  Grade Entering  Date:

New Family  Yes  No

**STUDENT INFORMATION**

Student Name    Male   
Last First Middle Female

Address:     
Street City/State/Zip Home Phone Number

Date of Birth  Student's Religion  Place of Birth   
City/State/Country

Ethnic Group:  Amer. Indian  Asian  Black  Hispanic  White  Other

**PARENT/GUARDIAN INFORMATION**

Mother's Name (include maiden)   Living  Deceased

Place of Birth  Religion   
City/State/Country

Employer:  Work Phone #/Ext.

Father's Name   Living  Deceased

Place of Birth  Religion   
City/State/Country

Employer:  Work Phone #/Ext.

Parents' Marital Status:  Married  Single  Widowed  Divorced

If parents are separated or divorced, who has custody?

Legal Custody  Mother  Father  Shared

Physical Custody  Mother  Father  Shared

Documentation must be provided

Please include name, address and telephone number of non-residing parent for our records.

Name

Address:      
Street City Zip Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's Baptism Date	Parish	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's First Reconciliation Date	Parish	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's First Eucharist Date	Parish	City/State

We are registered and contributing members of the following parish:

<input type="text"/>	City/Town	<input type="text"/>	No. of Years	<input type="text"/>
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Signature of Parent(s) or Legal Guardian(s) verifies the accuracy of all information

Mother	<input type="text"/>
Father	<input type="text"/>
Guardian(s)	<input type="text"/>
	<input type="text"/>



**For Office Use Only** .....

Application complete upon receipt of:

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate                     | <input type="checkbox"/> Academic Records (1-8)                  |
| <input type="checkbox"/> Baptismal Certificate (if applicable) | <input type="checkbox"/> Teacher Recommendation (1-8)            |
| <input type="checkbox"/> Health Form                           | <input type="checkbox"/> Results of Standardized Tests (2-8)     |
| <input type="checkbox"/> Custody Documents (if applicable)     | <input type="checkbox"/> Evaluation Report (IEP) (if applicable) |

Other Information

Received by: