



# ST. EDWARD

Catholic School

805 Sherman · Little Rock, AR 72202 · Tel: (501) 374-9166 · Fax: (501) 907-9078

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## 2012-2013 APPLICATION FOR ENROLLMENT

To successfully complete an application for enrollment, please complete the form below and return to the school with:

- Your child's most recent standardized test scores. (Grades 1-8)
- Your child's most recent report card. (Grades 1-8)
- Registration fee of \$125 for first child plus \$25 for each additional child (Maximum \$200 per family). If for any reason St. Edward is not able to accept the student, this amount will be refunded.

Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Bus Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (*Child's primary residence*) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Religious Affiliation/Parish Membership \_\_\_\_\_

How did you learn about St. Edward? \_\_\_\_\_

Please list two dates and times that you and your children would be available for an interview with the principal. \_\_\_\_\_

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Full Name of Child \_\_\_\_\_ Name called \_\_\_\_\_

Grade Level for coming year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Last School Attended \_\_\_\_\_

If this child has any allergy, disability, medical condition, handicapping condition, or other pertinent information that would require accommodation or about which school personnel should be aware, please explain here:

(Please list additional children on the other side)

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Grade Level for coming year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

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