



Catholic Schools of Zanesville

Enrollment Application

2019-20 School Year

Today's Date: _____ Grade Applying For: _____ Child's Current Age: _____

1) Child's Full Name: _____

2) Address: _____
Number and Street Name City Zip

3) Date of Birth: ____/____/____ 4) Sex: **M** **F** 5) Place of Birth: _____

6) Home Phone Number: _____ 7) Social Security Number (last four #'s) _____

8) Child's Race: (Please Circle) [You are not required to provide this information]

Asian Black Multiracial White
American Indian/Native Alaskan Hispanic Native Hawaiian/Pacific Islander

Father's Status: Married Separated Divorced Remarried Deceased Single

Father's Name: _____ Home Phone: _____

Address: _____ Religion: _____
Number & Street City Zip Code

Place of Birth: _____ Education: _____

Employer's Name: _____ Occupation: _____

Email Address: _____ Cell Phone: _____

Mother's Status: Married Separated Divorced Remarried Deceased Single

Mother's Name: _____ Home Phone: _____

Address: _____ Religion: _____
Number & Street City Zip Code

Place of Birth: _____ Education: _____

Employer's Name: _____ Occupation: _____

Email Address: _____ Cell Phone: _____

Student lives with: Circle all that apply

Both Parents Mother/Custodial Stepmother Shared Parenting
Father/Custodial Stepfather Guardian/Custodial

***If custody papers are applicable, they must be provided to the school.**

Language Spoken at home: English Other: _____

Religious Information

9) Child's Religion: _____

10) Child's Record of Sacraments:
Baptism First Communion Confirmation
Date: _____

Church: _____

City & State: _____

(If a sacrament was received at a church other than St. Nicholas/St. Thomas, copy of certification must be presented)

11) Current Church you are attending: _____

Public School Information

10) Public District: _____

11) Public Elementary School _____

12) Public Middle School _____

13) Building your Child currently attends _____

14) Has your child been retained: (please circle) YES NO If Yes, which grade: _____

15) Has your child ever been identified or tested for special needs: (please circle) YES NO

SPEECH HEARING LEARNING OTHER _____

Is your child currently under the care of a physician or specialist for special needs? YES NO

Please describe or name the special needs _____

16) Does your child have any special medical needs: YES NO

Please list any necessary medications for allergies, ADD, seizures or asthma on a separate sheet

How did you hear about Bishop Fenwick School?

Please circle all that apply

Sibling Parishioner Friend Flyer Newspaper/Postcard School Sign

Website Bulletin If a school family referred you, please indicate their name so that we may thank them:

I wish to apply for my child's admission to Bishop Fenwick School. I have stated the information to be true and correct to the best of my knowledge.

Parent Signature

Date

Thank you for your interest in The Catholic Schools of Zanesville!