

QUEEN OF ALL SAINTS CATHOLIC SCHOOL

DATE RECEIVED _____

ELEMENTARY SCHOOL ADMISSIONS FORM

RECEIVED BY _____

STUDENT INFORMATION (COMPLETE ONE FOR EACH STUDENT)

Last Name		First, M.I.		Nickname
Street Address			Apartment/Unit #	
City/State		Zip	Phone	
Date of Birth(MM/DD/YYYY)			Religion	
Does your child have any significant medical conditions or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please attach documentation with this application. (see back)				
Please circle ethnicity: Asian American Indian/Native Alaskan Black Hispanic/Latino Multi-Racial Nat. Hawaii/Pacific Islander White				

FAMILY INFORMATION

Father

Last Name		First Name		M.I.
Street Address			Apartment/Unit #	
City/State		Zip	Date of Birth	
Preferred Phone		Check for Text <input type="checkbox"/>	Secondary Phone	
Check for Text <input type="checkbox"/>				
Email Address				

Mother

Last Name		First Name		M.I.
Mother's Maiden Name				
Street Address			Apartment/Unit #	
City/State		Zip	Date of Birth	
Preferred Phone		Check for Text <input type="checkbox"/>	Secondary Phone	
Check for Text <input type="checkbox"/>				
Email Address				

Both Parents

Religion		Name of Pastor		
Church Attended by Parents (if other than Q-AS)				
Street Address		City/State		Zip
Marital Status (Married) (Divorced) (Single) (Remarried)				
If divorced, name of parent who has legal custody				
Name of parent who has primary physical custody				
Date of most recent decree, including modifications				

Name of non-custodial parent	Phone Number
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Street Address	City/State	Zip
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PREVIOUS SCHOOL INFORMATION (FOR KINDERGARTEN AND TRANSFERRING STUDENTS)

Preschool

Name	Years Completed	Director
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Street Address	City/State	Zip
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Email Address	Phone Number
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Elementary School (for transferring students, if more than one previous school please list all on separate sheet)

Name	Admission for Grade	Principal
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Street Address	City/State	Zip
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Reason for Leaving	Date Withdrawn
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Name of Public School District in which you currently reside

Name of Public School you would attend in this district (elementary, middle)

Name of Parish in which you currently reside

STUDENT SACRAMENTAL INFORMATION (PLEASE ENTER THE DATES MM/DD/YYYY)

Baptism Date	Church	City/State
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1 st Communion Date	Church	City/State
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Confirmation Date	Church	City/State
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PLEASE ATTACH THE FOLLOWING DOCUMENTS

Physician's Physical for grades K, 3, 6. Please print QAS form at www.qasstl.org or a physician's form is also acceptable.

If student has a significant medical condition or special need, please print and attach QAS Significant Medical Condition/Special Need form at www.qasstl.org and attach.

For new and transferring students, copies of birth certificate, Baptism, and other sacraments received

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Please return this application to:

**Queen of All Saints Catholic School
Admissions – Office of the Principal
6611 Christopher Drive
St. Louis, MO 63129**

If you have any questions, please contact the school office at 314-846-0506
For more information about our school, please visit our website at:
www.qasstl.org