

**QUEEN OF ALL SAINTS
CATHOLIC SCHOOL - LITTLE SAINTS ACADEMY**

DATE RECEIVED _____

PRE-K 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? ____Yes ____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 ____	Secondary Phone	
Check for Text ____				
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 ____	Secondary Phone	
Check for Text ____				
Email Address				

Both Parents

Religion		Name of Pastor		
Church Attended by Parents (if other than QAS)				
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	
Street Address		City/State	Zip
PRESCHOOL SCHEDULE (PLEASE CHECK WHICH OPTION APPLIES)			
<u>Half Day Registration</u>			
Three Half Days (Monday, Wednesday, Friday) _____		Five Half Days (Monday – Friday) _____	
<u>Full Day Registration</u>			
Two (2) Full Days (Tuesday, Thursday) _____		Three(3) Full Days (Monday, Wednesday, Friday) _____	
Five (5) Full Days (Monday – Friday) _____			
<u>SELECTION OF ROOM (3 OR 4 YEAR OLD)</u>			
Three (3) year old _____		Four (4) year old _____	
Elementary School your child plans to attend:			
Number of children in family:			
Child's rank in family:			

STUDENT SACRAMENTAL INFORMATION (PLEASE ENTER THE DATES MM/DD/YYYY)		
Baptism Date	Church	City/State
1 st Communion Date	Church	City/State
Confirmation Date	Church	City/State

PLEASE ATTACH THE FOLLOWING DOCUMENTS
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.

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