

**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
<b>PRESCHOOL SCHEDULE</b> (PLEASE CHECK WHICH OPTION APPLIES)			
<b><u>Half Day Registration</u></b>			
Three Half Days (Monday, Wednesday, Friday) _____		Five Half Days (Monday – Friday) _____	
<b><u>Full Day Registration</u></b>			
Two (2) Full Days (Tuesday, Thursday) _____		Three(3) Full Days (Monday, Wednesday, Friday) _____	
Five (5) Full Days (Monday – Friday) _____			
<b><u>SELECTION OF ROOM (3 OR 4 YEAR OLD)</u></b>			
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:			

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

<b>PLEASE ATTACH THE FOLLOWING DOCUMENTS</b>
If student has a significant medical condition or special need, please print and attach QAS Significant Medical Condition/Special Need form at <a href="http://www.qasstl.org">www.qasstl.org</a> 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](http://www.qasstl.org)