



ST. BONIFACE SCHOOL APPLICATION FOR ADMISSION

CHILD'S NAME _____ SEX _____ GRADE _____

Place of Birth _____ Date of Birth _____

School Last Attended (or Pre School) _____

Child's Religion _____

Baptism Date _____ Church _____

Sacrament of Reconciliation Yes _____ No _____

First Communion Date _____ Church _____

Child Lives with ___Both Parents ___Mother ___Father
___Other (Please specify) _____

Has child attended Special Education or Title (Remedial) classes? ___Yes ___No
Does this child have special needs/problems the school should be aware of? ___Yes ___No
If yes, please explain _____

Please describe any special circumstances that relate to the child's home situation _____

ARE YOU A REGISTERED MEMBER of Saint Boniface Church? _____
How many years? _____ Are you a practicing Catholic? _____
In which activities/organizations have you been actively involved? _____

IF YOU BELONG TO ANOTHER PARISH or transferred to St. Boniface within the last year, state the name of the parish _____
Pastor's name _____ Phone _____
Please attach a letter of recommendation from your pastor.

ARE YOU A NON-CATHOLIC? _____ If yes, denomination _____
Name of church you attend _____
Pastor's name _____ Please attach a letter of recommendation from your pastor/minister.

*Please include your \$50 application fee with this form.
Checks can be made payable to: St. Boniface School*

FAMILY INFORMATION

Father's Name _____
Address _____ City _____
State/Zip _____ Phone _____ Cell Phone _____
Email Address _____
Place of Birth _____ Religion _____
Occupation _____ Employer _____
Work Phone _____ Marital Status: ___Married ___Divorced
___Separated ___Remarried ___Deceased ___Single

Mother's Name _____ (Maiden) _____
Address _____ City _____
State/Zip _____ Phone _____ Cell Phone _____
Email Address _____
Place of Birth _____ Religion _____
Occupation _____ Employer _____
Work Phone _____ Marital Status: ___Married ___Divorced
___Separated ___Remarried ___Deceased ___Single

If applicable, check one and then complete the following information:

___Stepfather ___Stepmother ___Guardian ___Other
Name _____
Address _____ City _____
State/ Zip _____ Phone _____ Cell Phone _____
Email Address _____
Place of Birth _____ Religion _____
Occupation _____ Employer _____
Work Phone _____

How many years of Catholic education do you desire for your child ___K-5 ___K-8
_____ Other

Please list younger children: Name _____ Birth Date _____

Please explain why you want a Catholic education for your child _____

Please state any special circumstances that you think should be considered in admitting
your child to Saint Boniface _____

