



# St. Cyril School

4725 E. Pima, Tucson, Arizona 85712  
(520) 881-4240

## Parent – Student Application form for Admission

Applying for grade \_\_\_\_\_ for Year \_\_\_\_\_ - \_\_\_\_\_ Today's Date: \_\_\_\_\_

ALL APPLICANTS: Print or type your responses clearly to all questions. All admission and placement of new students is temporary, pending the placement test and receipt of previous school records.

By **September 1<sup>st</sup>** children are to be five years of age in order to be admitted to Kindergarten or six years of age to be admitted to Grade 1. **A copy of your child's birth certificate must be attached to this application.**

*A non-refundable fee of \$25 is due with this form.*

### FAMILY INFORMATION

1 Student Legal Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Last First Middle

2 Home Address: \_\_\_\_\_

3 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4 Home Phone Number \_\_\_\_\_ Social Security # \_\_\_\_\_

5 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

6 Circle person with whom the child lives: Father Mother Stepfather Stepmother Legal Guardian

His Name: \_\_\_\_\_

His Employer: \_\_\_\_\_

His Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Her Name: \_\_\_\_\_

Her Employer: \_\_\_\_\_

Her Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If the child lives in more than one home during the school week/year, please list the names below:

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

7 Circle person(s) who is/are the legal custodian(s): Father Mother Stepfather Stepmother Legal Guardian

8 Ethnic Background: Circle the code which applies to the student's ethnic background.

1 American Indian or Alaskan Native

5 Hispanic (Mexican/Spanish Origin)

2 Black (not of Hispanic Origin)

6 White (not of Hispanic Origin)

3 Asian

7 Multi-racial

4 Native Hawaiian/Pacific Islander

**PARISH INFORMATION**

- 9. Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_
- 10. What is your child's denomination? \_\_\_\_\_
- 11. In what parish/church/synagogue is your family a registered member? \_\_\_\_\_
- 12. Date family became a member of your church: \_\_\_\_\_
- 13. If St. Cyril Parish, Church envelope number: \_\_\_\_\_
- 14. If St. Cyril Parish, please list church activities in which your family regularly participates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 15. Child's Baptism: (date and place) \_\_\_\_\_
- 16. Child's Holy Eucharist: (date and place) \_\_\_\_\_

**EDUCATIONAL STATUS**

- 17. What is the name and address of the school your child currently attends?  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 18. What is the name of your neighborhood school? \_\_\_\_\_
- 19. Has this child been enrolled at St. Cyril's before? \_\_\_\_\_
- 20. Has any immediate family member attended St. Cyril School? (Please Circle) YES NO  
 Name and Year: \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 21. Do you have a child/children currently attending St. Cyril? (Please Circle) YES NO
- 22. If yes, list name(s) and grade(s) \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_
- 23. List below any identified learning, physical, emotional and/or disciplinary problem that this child might have. (Attach extra sheet if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

St. Cyril School educational program is limited in its ability to meet certain learning and/or behavioral needs. If a special need is identified after a child has been attending St. Cyril School for some time, the Principal will determine whether or not the child should remain in the school or be referred to another school that may be better able to meet the child's needs.

- 24. Has this child ever been accelerated? \_\_\_\_\_ Retained? \_\_\_\_\_
- 25. Has this child been recommended for either? \_\_\_\_\_ Which? \_\_\_\_\_

How did you hear about St. Cyril School? \_\_\_\_\_

**NOTE: It is the responsibility of the parent to inform the school of any changes in address, phone number, parish status or any other pertinent information that may need to be made to this application.**

\_\_\_\_\_  
**Parent Signature**

**For Office Use Only:**

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_