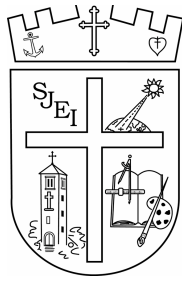


**St. Jude Educational Institute**  
**2048 West Fairview Avenue**  
**Montgomery, AL 36108**  
**(334) 264-5376**



## ADMISSION APPLICATION

Every Catholic elementary and secondary school in the school system of the Archdiocese of Mobile admits students without regard to sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally afforded or made available to students of the school. This school does not discriminate on the basis of sex, race, color, national and ethnic origin in its employment practices, administration of educational policies, admission and treatment of students, scholarships and loan program, and athletic and other school administrative programs.

**Please print all information**

**Date of Application** \_\_\_\_\_

**Grade Entering** \_\_\_\_\_

### STUDENT INFORMATION/DATA

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Gender \_\_\_ Male \_\_\_ Female S.S. # \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone # \_\_\_\_\_

Race/National Origin  
\_\_\_ African American \_\_\_ Asian American \_\_\_ Native American \_\_\_ White \_\_\_ Other

Religion: \_\_\_ Catholic \_\_\_ Non-Catholic

Student Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

### PARENT/FAMILY DATA

#### MOTHER / STEP-MOTHER / GUARDIAN (Circle one)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

#### FATHER / STEP-FATHER / GUARDIAN (Circle one)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Student currently lives with: (Check all that apply)

\_\_\_ Mother \_\_\_ Father \_\_\_ Step-mother \_\_\_ Step-father  
\_\_\_ Grandmother \_\_\_ Grandfather \_\_\_ Guardian

If parents are divorced, who has primary custody? (Give full name) \_\_\_\_\_  
(DOCUMENTATION OF CUSTODY MUST BE GIVEN AT TIME OF REGISTRATION.)

Other Children In Family (Please List)

Name	Age	School
_____	_____	_____
_____	_____	_____

# SCHOOL HISTORY

What Public School are you zoned for? \_\_\_\_\_

Schools Attended (**List most current first**)

School	Grades Attended	Location

Has your child ever been suspended?  Yes  No

Has your child been retained?  Yes  No

If so, what grade(s)? \_\_\_\_\_

Has your child ever been diagnosed with a learning disability?

Attention Deficit Disorder?  Yes  No

Attention Deficit Disorder with Hyperactivity?  Yes  No

Central Auditory Processing Disorder?  Yes  No

Is there documentation to verify diagnosis?  Yes  No

Has your child ever been prescribed medication for any of the above disorders?  Yes  No

Has your child had an IEP (*Individualized Education Plan*)?  Yes  No

Has your child ever been enrolled in Special classes?  Yes  No

Does your child have any special needs/disabilities?  Yes  No

*(If yes, please attach an explanation.)*

## EMERGENCY INFORMATION

(Please list two people that can be called in the event parents/guardians cannot be reached.)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Extra-curricula Activities: (Check all that apply)

	Would like to participate in		Previously participated in	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Choir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track and Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This registration form is for planning purposes.  
It is **NOT** a contract.

**If any information is falsified, admittance or continuation in this school may be terminated.**

<b>Do Not Write In This Space</b>	<b>FOR OFFICE USE ONLY</b>	<b>Do Not Write In This Space</b>
Date Application Received _____	Date Transcript Requested _____	Date Transcript Received _____