

**Student Name:** \_\_\_\_\_

**Applying for:**

- |                                     |                                     |                                       |                                    |
|-------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> 3 Year Old | <input type="checkbox"/> 4 Year Old | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1st Grade |
| <input type="checkbox"/> 2nd Grade  | <input type="checkbox"/> 3rd Grade  | <input type="checkbox"/> 4th Grade    | <input type="checkbox"/> 5th Grade |
| <input type="checkbox"/> 6th Grade  | <input type="checkbox"/> 7th Grade  | <input type="checkbox"/> 8th Grade    |                                    |

## APPLICATION FOR ADMISSION

# Carroll Catholic School

111 Fourth Street  
Lincoln, Illinois 62656

**217-732-7518**

*www.carrollcatholic.com*

***\*\* Only completed application forms will be accepted \*\****

**2007-2008 REGISTRATION**

Students Legal Name: \_\_\_\_\_  
First Middle Last

Name student prefers to go by: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Student lives with:  Both Parents  Father  Mother

Father & Step-Mother  Mother & Step-Father

Other \_\_\_\_\_

*Fill out this section for only the parent(s) or guardian(s) with whom the student is living.*

Father  Step-Father \_\_\_\_\_  
First Last

Religion: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mother  Step-Mother \_\_\_\_\_  
First Last

Religion: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

*While it is the responsibility of the enrolling custodial parent to see that tuition and fees are paid, please fill out this section for the other parent or guardian that will share in paying tuition and fees for the student*

**TUITION INFORMATION**

\_\_\_\_\_  
First Last Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Religion: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Should this person receive regular family mailing sent from the school?  Yes  No

Have you seen the tuition and fee schedule?  Yes  No

Do you need an application for tuition assistance?  Yes  No

**\*\* Please turn over and complete the other side \*\***

**ETHNIC / RACIAL BACKGROUND** (for statistical purposes only)

Caucasian     African-American     Asian     Hispanic     Other \_\_\_\_\_

Foreign Nations Only:

Does this student have a F-1 Visa?  Yes    Issuing country: \_\_\_\_\_ Expires: \_\_\_\_\_

No

**RELIGIOUS BACKGROUND**

Registered Catholic parishioner of:  Holy Family     St. Mary, Atlanta     Other \_\_\_\_\_

Catholic, but not register at a local parish

Non-Catholic (specific religious affiliation / denomination is): \_\_\_\_\_

**SACRAMENTS**

Birthplace: \_\_\_\_\_ Birth Mother: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

\_\_\_\_\_ Birth Father: \_\_\_\_\_

**Baptism**

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

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Church: \_\_\_\_\_

**Confirmation**

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

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Church: \_\_\_\_\_

**Reconciliation**

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Church: \_\_\_\_\_

**First Communion**

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Church: \_\_\_\_\_

**STUDENT'S SIBLINGS**

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATIONAL BACKGROUND**

- Catholic
- Other Private
- Public

Students Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list all other schools student has attended since First Grade

School Name & Address	Grade(s) Attended	Public / Private
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the student have any diagnosed learning disabilities which require a special program of studies?  No     Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_