



# Bishop Fenwick School Enrollment Application 2022-23 School Year

Today's Date: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ Child's Current Age: \_\_\_\_\_

1) Child's Full Name: \_\_\_\_\_

2) Address: \_\_\_\_\_  
Number and Street Name City Zip

3) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4) Sex: **M** **F** 5) Place of Birth: \_\_\_\_\_

6) Home Phone Number: \_\_\_\_\_ 7) Social Security Number (last four #'s) \_\_\_\_\_

8) Child's Race: (Please Circle) [You are not required to provide this information]

- |                                |          |                                  |       |
|--------------------------------|----------|----------------------------------|-------|
| Asian                          | Black    | Multiracial                      | White |
| American Indian/Native Alaskan | Hispanic | Native Hawaiian/Pacific Islander |       |

**Father's Status (legal guardian):** Married Separated Divorced Remarried Deceased Single

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_  
Number & Street City Zip Code

Place of Birth: \_\_\_\_\_ Education: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Status (legal guardian):** Married Separated Divorced Remarried Deceased Single

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_  
Number & Street City Zip Code

Place of Birth: \_\_\_\_\_ Education: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student lives with: Circle all that apply

- |                  |                  |                    |                  |
|------------------|------------------|--------------------|------------------|
| Both Parents     | Mother/Custodial | Stepmother         | Shared Parenting |
| Father/Custodial | Stepfather       | Guardian/Custodial |                  |

**\*If custody papers are applicable, they must be provided to the school.**

Language Spoken at home: English Other: \_\_\_\_\_

**Religious Information**

9) Child's Religion: \_\_\_\_\_

10) Child's Record of Sacraments:  
Baptism First Communion Confirmation

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

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

City & State: \_\_\_\_\_

(If a sacrament was received at a church other than St. Nicholas/St. Thomas, copy of certification must be presented)

11) Current Church you are attending: \_\_\_\_\_

**Public School Information**

10) Public District: \_\_\_\_\_

11) Public Elementary School \_\_\_\_\_

12) Public Middle School \_\_\_\_\_

13) Building your Child currently attends \_\_\_\_\_

14) Has your child been retained: (please circle) **YES** **NO** If Yes, which grade: \_\_\_\_\_

15) Has your child ever been identified or tested for special needs: (please circle) **YES** **NO**

**SPEECH HEARING** **LEARNING** **OTHER** \_\_\_\_\_

Is your child currently under the care of a physician or specialist for special needs? **YES** **NO**

Please describe or name the special needs \_\_\_\_\_

16) Does your child have any special medical needs: **YES** **NO**

Please list any necessary medications for allergies, ADD, seizures or asthma on a separate sheet

**How did you hear about Bishop Fenwick School?**

**Please circle all that apply**

**Sibling** **Parishioner** **Friend** **Flyer** **Newspaper/Postcard** **School Sign**

**Website** **Bulletin** **If a school family referred you, please indicate their name so that we may thank them:**

I wish to apply for my child's admission to Bishop Fenwick School. I have stated the information to be true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent (legal guardian) Signature

\_\_\_\_\_  
Date

A non-refundable registration fee of \$25 is due with this application.