



Date \_\_\_\_\_

# St. Francis of Assisi Enrollment Form

(please complete one form per student)

Grade Entering      K      1      2      3      4      5      6      7      8

Student Name \_\_\_\_\_  
                                Family                                  First                                  Middle

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

City/State/Zip \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Place and Date of Birth \_\_\_\_\_  
                                Month                  Day                  Year                                  City & State

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## Parent Information

\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
Father Name                                  Father Religion                                  Father Occupation

\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
Business Address                                  Business E-mail                                  Business Phone

\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
Mother Name (Maiden and First Name)                                  Mother Religion                                  Mother Occupation

\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
Business Address                                  Business E-mail                                  Business Phone

Parent's Marital Status:      Married      Single      Separated      Divorced      Widowed      Remarried

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## Guardian Information (if applicable)

\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
Guardian Name                                  Guardian Religion                                  Guardian Occupation

\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
Business Address                                  Business E-mail                                  Business Phone

(Over)



# St. Francis of Assisi Enrollment Form (side 2)

Date \_\_\_\_\_

## Previous Sacramental Information

Baptism	First Eucharist	Confirmation
_____	_____	_____
Date	Date	Date
_____	_____	_____
Church	Church	Church
_____	_____	_____
City/State	City/State	City/State

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## Misc. Information

### Siblings

_____	_____
Name/Age/Gender	Name/Age/Gender
_____	_____
Name/Age/Gender	Name/Age/Gender

Medical Conditions (allergies, etc.) \_\_\_\_\_

St. Francis of Assisi Registered Parishioner? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, present parish? \_\_\_\_\_

Children Currently Attending SFA Preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, # attending? \_\_\_\_\_

List all previous schools attended \_\_\_\_\_

Thank you for your interest in St. Francis of Assisi School. Once this form is completed and returned to the school office, testing (Kindergarten students only) and an interview with the Pastor and Principal will be scheduled. If you have any questions, please contact the school office at [schooloffice@sfastl.org](mailto:schooloffice@sfastl.org) or 314.487.5736 x121.