



Date _____

St. Francis of Assisi New Student Application (Side 2)

Previous Sacramental Information

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

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 _____

List the public school your child would attend if they did not attend St. Francis of Assisi _____

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 or 314.487.5736 x121.