

ARCHDIOCESE OF LOUISVILLE
 CATHOLIC ELEMENTARY SCHOOLS
 STUDENT APPLICATION FORM

School Ascension School Parish _____

FAMILY INFORMATION

Parent: _____

Parent: _____

Current Family Data

	PARENT	PARENT
Relationship (Mother, father, step-parent, guardian, deceased, grandparent)		
Marital Status (Married, single, deceased, divorced/remarried, separated)		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
E-mail Address		
Religion		
Employer		
Occupation		

Direct Correspondence to: _____

Street _____

City/State/Zip _____

Phone _____ Publish in School Directory (Y/N) _____

Language spoken at home: _____

Names and dates of birth of ALL children in family (list pre-school children first):

Boys _____

Girls _____

Custody (if applicable): Single (Y/N) _____ Name: _____

Joint (Y/N) _____ Names: _____

NOTE: Parent/s are required to submit a copy of the custody section of the divorce decree to protect all involved.

If you and the physician of your choice, as indicated on back, cannot be reached in an emergency and, in the judgement of the school authorities, immediate medical and/or hospital attention is indicated do you authorize the school authorities to send your child (properly accompanied to an available hospital or physician?)

Yes No Signature of parent or guardian: _____

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes No Signature of parent or guardian: _____

Complete both pages and return to Ascension School, 4600 Lynnbrook Dr., Louisville, KY 40220

