



ST. EDWARD

Catholic School

805 Sherman · Little Rock, AR 72202 · (501) 374-9166 · Fax: (501) 907-9078

2016-2017 APPLICATION FOR ENROLLMENT

Thank you for your interest in St. Edward Catholic School. Please complete the following form below and return it to the school office with the following:

- Your child's most recent standardized test scores. (Grades 1-8)
- Your child's most recent report card. (Grades 1-8)
- Your child's most recent immunization record. (PK-8)
- Baptismal certificate. (If applicable)
- Early bird registration fee (February 2 – April 2) of \$125 per student / \$25 each additional child. After April 2 regular registration fee applies with fees of \$140 for first child plus \$30 for each additional child.

Date _____

Father's Name _____

Mother's Name _____

Bus Phone _____

Bus Phone _____

Cell Phone _____

Cell Phone _____

Address (*Child's primary residence*) _____

City/State _____ Zip _____ Home Phone _____

Family Religious Affiliation/Parish Membership _____

How did you learn about St. Edward? _____

Please list two dates and times that you and your children would be available for an interview with the principal. _____

Full Name of Child _____ Name called _____

Grade Level for coming year _____

Date of Birth _____ Sex (M/F) _____

Last School Attended _____

If this child has any allergy, disability, medical condition, learning disabilities, or other pertinent information that would require accommodation, please explain here:

Full Name of Child _____ Name called _____

Grade Level for coming year _____

Date of Birth _____ Sex (M/F) _____

Last School Attended _____

If this child has any allergy, disability, medical condition, learning disabilities, or other pertinent information that would require accommodation, please explain here:

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