

ANGELUS ACADEMY – APPLICATION FOR ADMISSION

Enrolling for School Year: _____ **Grade Level Entering Angelus Academy:** _____

Student Information (Please Print)

Male [] Female []

Last Name _____ First _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ City, State/Country _____

Date of Baptism _____ Church _____

Date of First Penance _____ Church _____

Date of First Eucharist _____ Church _____

Date of Confirmation _____ Church _____

Parish where registered _____

Current School and Grade Level _____

Parent/Guardian Information (Please Print)

Marital Status: [] Married, Date of Marriage _____ Church _____

[] Divorced/Separated [] Remarried

Father: Living [] Deceased [] Legal Guardian [] (Relationship _____)

Last Name _____ First _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Cell Phone (_____) _____

Religion _____ Place of Birth _____

Occupation _____ Work Phone (_____) _____

Employer _____ Email _____

Mother: Living [] Deceased [] Legal Guardian [] (Relationship _____)

Last Name _____ First _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Cell Phone (_____) _____

Religion _____ Place of Birth _____

Occupation _____ Work Phone (_____) _____

Employer _____ Email _____