

1112 North G Street
 Tacoma, WA 98403
WWW.SAINTPATS.ORG
 253.272.2297
 253.383.2003 Fax



OFFICE USE ONLY
 Application fee Pd _____ Date _____
 Registration fee Pd _____ Date _____
 Student DB FACTS/PDS
 Enrollment SS Intent SS
 CIS Birth Cert.
 Const.Contact Student ID # _____

**New Family Application Fee - \$50 per student (maximum \$100 per family). Due with Application
 Registration Fee - \$150 per student upon admittance. This will be charged to your FACTS account. All Fees are non-refundable.**

Child's Last Name	First	Middle	Age	<input type="checkbox"/>	<input type="checkbox"/>	
Date of Birth	Birth Place	Religion	Mother's Maiden Name			
	DATE	CHURCH/PARISH	CITY/STATE			
BAPTISM:	_____	_____	_____			
FIRST COMMUNION:	_____	_____	_____			
(KN-8TH GRADE STUDENTS ONLY)						
SCHOOL LAST ATTENDED _____			CITY/STATE _____			

School Year applying:
 21/22

Grade:
 PreK-AM
 PreK-AD 3yr old
 PreK-AD 4yr old
 KN
 1ST
 2ND
 3RD
 4TH
 5TH
 6TH
 7TH
 8TH

SCHOOL DISTRICT YOUR CHILD WOULD ATTEND IF ENROLLED IN A PUBLIC SCHOOL _____

HAS YOUR CHILD EVER RECEIVED ANY SPECIAL SERVICES OR ACCOMMODATIONS AT SCHOOL? ___ YES ___ NO

IF YES, PLEASE EXPLAIN: _____

OTHER CONCERNS OR CONSIDERATIONS: _____

THE CATHOLIC SCHOOLS DEPARTMENT OF THE SEATTLE ARCHDIOCESE REQUESTS THIS INFORMATION BE PROVIDED FOR INCLUSION IN ARCHDIOCESAN REPORTS. PLEASE CHECK THE ETHNIC DESIGNATION AND RACE(S) THAT APPLY TO THIS STUDENT.

ETHNICITY: Hispanic Non-Hispanic

RACE: American Indian or Native Alaskan Asian Black or African American Native Hawaiian or other Pacific Islander White

Child resides with: Both Parents Mother Father Joint Custody Other _____

MOTHER/GUARDIAN

NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK _____

CELL PHONE _____

EMPLOYER _____

OCCUPATION _____

RELIGION _____

MARITAL STATUS _____

E-MAIL ADDRESS _____

FATHER/GUARDIAN

NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK _____

CELL PHONE _____

EMPLOYER _____

OCCUPATION _____

RELIGION _____

MARITAL STATUS _____

E-MAIL ADDRESS _____

 HOW DID YOU HEAR ABOUT US? _____ REFERRED BY? _____

PLEASE MARK ALL THAT APPLY:

_____ SIBLINGS CURRENTLY ENROLLED AT ST. PATRICK CATHOLIC SCHOOL

_____ REGISTERED & ATTENDING MASS AS A ST. PATRICK PARISHIONER SINCE _____ (DATE)

_____ CATHOLIC - MEMBER OF _____ PARISH SINCE _____ (DATE)