MORELAND NOTRE DAME

Moreland Notre Dame School
133 Brennan Street♦ (831) 728-2051♦ mndschool.org
Application for Enrollment

For office use:
Fee Received: _____
Immun Record: _____
Baptism Record: _____
Date of Application:_____
Applying for Grade: _____
Age 9/01/17 _____

Student Information

Child's Name_____Sex_____
Last *First* *Middle*

Home Address_____
Street Number *City* *Zip Code*

Home Telephone(_____)_____ Cell Phone (____) _____ Religion: _____

Place of Birth_____ Date of Birth_____
City *State* *Country* *Month/Day/Year*

Please check the one that applies to the child:

Ethnic Background
__Hispanic
__White
__Black
__Asian_
__Pacific Islander
__Filipino
__American Indian
__Alaskan Native
__Other Non-White
_____

Child is:
Dependent and living with:
__Both Parents
__Father
__Mother
__Legal Guardian
__Foster Parents
__Shared Custody
__Other (Specify)
_____

Language Spoken At Home
__English
__Spanish
__Other(Specify):
_____

Student Spoken Language
__ English
__Spanish
__ Other(Specify):
_____

Citizenship
__US Citizenship
__Non US Citizen (Specify)
_____
Student Visa __Yes __No__

Parental Information

Father
__Married
__Single
__Separated
__Remarried
__Divorced
__Deceased

Mother
__Married
__Single
__Separated
__Remarried
__Divorced
__Deceased

Family Record

Father's Name_____
Last *First* *Middle*
Address_____
Street/Number *City* *State* *Zip Code*
Home Phone( )_____Business or Cell Phone( )_____email _____

Occupation_____
Name of Business *Type of Work*

Business Address_____
Street/number *City* *State* *Zip Code*

Place of Birth_____ US Citizen____ Yes___ No Religion_____

Mother's Name_____
Last *First* *Maiden or middle*
Address_____
Street/Number *City* *State* *Zip Code*

Home Phone ( )_____ Business or Cell Phone ( )_____ email: _____

Occupation_____
Name of Business *Type of Work*

Business Address_____

Place of Birth_____ US Citizen___ Yes___ No Religion_____

Please complete if child is not living with parents:

Legal Guardian's Name_____
Last *First* *Middle*

Address_____
Street/Number *City* *State* *Zip Code*

Home Phone(_____)_____Business or Cell Phone (_____)_____

Occupation_____

Business Address_____
Street/Number *City* *State* *Zip*

Relationship to Child_____

Who will be responsible for tuition payment? _____

Who should receive child's record? _____

Mailing address if different from above:

_____
Name *Street/Number* *City* *State* *Zip Code*

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How did you learn about Notre Dame School? _____

Did a currently enrolled family recommend that you explore a Notre Dame education? _____ **Name:** _____

Other family members who have attended or are attending Moreland Notre Dame:

Name	**Years attended**	**Name**	**Years attended**
_____	_____	_____	_____
_____	_____	_____	_____

Record of Sacraments	**First Reconciliation**	**First Eucharist**
Baptism		
Date_____	_____	_____
Church_____	_____	_____
City_____	_____	_____
State_____	_____	_____

Name of parish, church or temple currently attending _____ Registered? Yes__ No__

Schooling

List school(s) previously attended. Please include preschool, kindergarten, and elementary schools.

Name of School	**Address (Street, City, Zip)**	**Grades (s)**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Public school district where family lives _____

Name of public school child would attend _____

Has child received special testing? _____ yes_____ no If yes, what was the primary concern? _____

Does child have existing IEP (Individual Educational Plan) _____

Has child been retained?_____ yes_____ no If yes, what grade(s)_____

Child's special health/medical/emotional concerns: _____

Child's special talents or areas of interest: _____ **(rev. 1/17)**