



Brothers/Sisters:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Will the student need bus transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, will student be a: \_\_\_\_\_ Walker \_\_\_\_\_ Car Rider

Sacramental Background	Place	Date
Baptism:	_____	_____
Reconciliation:	_____	_____
Holy Eucharist:	_____	_____
Confirmation:	_____	_____

Submission

By the signature here under, I hereby submit this application for enrollment at Christ the Divine Teacher Catholic Academy. I understand that the application fee is not refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*DOCUMENTS REQUIRED\*\*\*\*\*

With registration: Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_  
Memorandum of Understanding (please sign) \_\_\_\_\_  
Permission to Release Contact Information (please sign) \_\_\_\_\_

Before entry in fall: Previous School Records \_\_\_\_\_ Dental Records \_\_\_\_\_  
Immunization Records \_\_\_\_\_ Emergency Care Card \_\_\_\_\_  
Loan of Textbook Request (please sign) \_\_\_\_\_  
Publicity Consent Form (please sign) \_\_\_\_\_

Office Use Only:

Name: \_\_\_\_\_ Amt. Received: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Bank: \_\_\_\_\_