

ST. STEPHEN SCHOOL

355 Grafton Street
Worcester, MA 01604
508.755.3209 Fax 508.770.1052
Fully Accredited by the New England Association of Schools and Colleges

Application

GRADE _____

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ TELEPHONE _____

PLACE OF BIRTH _____ MALE _____ FEMALE _____

DATE OF BIRTH: YEAR _____ MONTH _____ DAY _____

ORIGIN (check one): Am. Indian _____ Asian _____ Black _____ Hispanic _____ Multi Racial _____ White _____

FIRST LANGUAGE spoken at home if not English _____

DATE OF ADMISSION _____

SCHOOL LAST ATTENDED _____ GRADE _____

IS YOUR CHILD ON AN I.E.P. (INDEPENDENT EDUCATION PLAN)? YES _____ NO _____

FATHER'S NAME _____ ADDRESS _____

FATHER'S BIRTHPLACE: CITY _____ STATE _____

MOTHER'S MAIDEN NAME: LAST _____ FIRST _____

MOTHER'S ADDRESS _____

FATHER'S RELIGION _____

MOTHER'S RELIGION _____

PARENTS SEPARATED: YES _____ NO _____

CHURCH OF REGISTRATION _____

CHURCH OF BAPTISM OF CHILD _____ YEAR _____ MONTH _____ DAY _____

PLEASE FORWARD ALL MAIL TO:

LEGAL GUARDIAN(S) _____

ADDRESS _____
