

Application for Admission
St. Francis of Assisi Catholic School
700 W. 18th Street, Yuma, AZ 85364
Tel: 928-782-1539
Return Form to sochoa@stfrancisyumaz.com

Date: _____ School Year: _____ Entering Grade: _____

STUDENT INFORMATION

Legal Last Name: _____ First Name: _____ Middle: _____ Gender: _____
Date of Birth: _____ City/State of Birth: _____ Primary Language at Home: _____
Home Phone: _____ Street Address: _____ City/State: _____ Zip: _____

Student lives with: Both Parents Mother Father Stepmother Stepfather Other
(If divorced or other, a copy of custody/guardianship papers required)

Previous School Attending: _____ Phone: _____
Address: _____ City/State/Zip: _____ Parish Registration: _____

SACRAMENTS

Baptism: Date: _____ Church: _____ City/State: _____
Reconciliation. Date: _____ Church: _____ City/State: _____
First Eucharist. Date: _____ Church: _____ City/State: _____

If your child has not received their sacraments, would you like them to be prepared to receive them?

YES NO

Student's Ethnicity/Race Data – Both Questions must be answered (for statistics only)

**** Is this individual Hispanic/Latino?** No, not Hispanic/Latino Yes, Hispanic/Latino

**** What is the individual's race?**

Asian Black White
American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

FAMILY INFORMATION

Salutation: _____ First Name: _____ Legal Last Name: _____ Relation: _____
Home address (if different than student): _____ City/Zip: _____
Parents' Marital Status: Married Single Divorced Separated Remarried
Home Phone: _____ Work Phone #: _____ Cell Phone #: _____
Email address: _____ Occupation: _____ Place of Work: _____
Religion: _____ Parish Registration: _____

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