

**St. Francis Xavier Regional School
4501 West 5215 South
Kearns, Utah 84118
(801) 966-1571**

Please complete all the information listed below. Birth, baptism certificates, last report card, SAT or IOWA tests and immunization records must be submitted to the school. **A physical will be required of all new students if accepted. Acceptance into the preschool program does not guarantee admittance at the kindergarten level.**

Date of Application _____ Grade child will be entering 2009-2010 _____

Date of Birth _____ Gender _____

Parent's Last Name (if different from child's last name) _____

Child's Last Name _____ First Name _____ Middle _____

Mailing Address: _____

Preschool – Please check one	
3 yr. old am	_____
4 yr. old pm	_____
5 day pre K	_____

Home Telephone _____ City, State _____ Zip code _____
Cell # _____

School District where you live _____ Previous School _____

Has your student been tested or been referred for testing for academics or behavioral difficulties?

Yes _____ No _____

Child's Baptism Date _____ Church _____ City & State _____

Child's First Communion Date _____ Church _____ City & State _____

Ethnic Information
Asian _____
Black _____
White _____
Hispanic _____
Pacific Islander _____
Native American _____

Parent Information

Married _____ Divorced _____ Single Parent _____ Separated _____ Guardian _____

Language spoken at home _____

Father's Full Name _____ Religion _____

Work # _____ Occupation _____

Employer _____

Mother's Name _____ Religion _____

First Maiden Last

Work # _____ Occupation _____

Employer _____

****Parish or Congregation:** _____

Pastor: _____

List brothers & sisters currently attending St. Francis Xavier School

Name	Gender	Birth date	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about St. Francis Xavier School? _____

Signature _____ **Date** _____

For Office Use Only
Date Received _____
Yes _____ No _____
All paperwork received