

DIVINE MERCY ACADEMY
Application for Admission

A non-refundable deposit of \$110.00 per family is due at the time of registration.
Copies of immunizations, birth and baptismal certificates must be submitted.

STUDENT'S INFORMATION

Child: _____
(Last Name) (First) (Middle)

Date of Birth: _____ Place of Birth: _____ Sex: Male Female

Entrance Grade: _____ Entrance Date: _____ Transfer from: _____
(Name of School) (City/State)

For Pre-K Families Only: Number of Days Attending: _____ Half-Day or Full-Day: _____

Sacrament	Church	Location	Date
Baptism			
First Communion			
Penance			

FATHER'S INFORMATION

Name: _____
(Last Name) (First) (Middle)

Occupation: _____

Religion: _____ Place of birth: _____

Home Street Address: _____

City, State, Zip: _____

Home phone: _____

MOTHER'S INFORMATION

Name: _____
(Last Name) (First) (Middle)

Occupation: _____

Religion: _____ Place of birth: _____

Home Street Address: _____

City, State, Zip: _____

Home phone: _____

Marital Status: _____ If applicable, who is the custodial parent/guardian? _____

If Catholic, what parish are you a member of? _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:
Amount Paid: _____ Check#/Cash: _____ Date: _____ Received By: _____