



**ALL SAINTS CATHOLIC SCHOOL**  
**Enrollment Inquiry**  
**2022-2023**

**SECTION I. STUDENT INFORMATION.**

Please complete all the information for each child you are enrolling.

**Student's Name:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

**Transfer Students Only:**

Former School Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does student receive Special Education Services?  Yes  No

Is your child currently under suspension or suspended in the last two years?  Yes  No

If yes, please explain: \_\_\_\_\_

**Child will enroll for the 2022-2023 school year. (check one below)**

Preschool 3/4 Year Old Program  
(children must be 3 by September 1st)

Preschool 4/Young 5 Year Old Program  
(Children must be 4 by September 1st)

**Primary:**  Kindergarten  
 First Grade  
 Second Grade

**Elementary:**  Third Grade  
 Fourth Grade  
 Fifth Grade

**Middle School:**  Sixth Grade  
 Seventh Grade  
 Eighth Grade

**Ethnic Background (optional):** check box below

American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_

African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

**Non-Catholic Students are welcome at All Saints Catholic School. You must understand that ALL enrolled students will attend the religious activities that are held during the day on this campus.**

**SECTION II. PARENT/GUARDIAN INFORMATION.**

**Father/Guardian Name:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother/Guardian Name:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: \_\_\_\_\_

**SECTION III. EMERGENCY INFORMATION.** Parent will be contacted first. Please list two other emergency contacts below.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*All applications have to be processed online at the FACTS website:**  
<https://factsmgmt.com> Please create a parent login using the district code AS-MI.

School Use Only:

Date \_\_\_\_\_ Deposit Paid \_\_\_\_\_