



Sibling Application

Applying for Grade/ Academic Year _____

Date _____

Student Last Name _____ First Name _____ Middle Name _____ Birthdate (mo/day/yr) _____

Address _____ City _____ State _____ Zip _____

Telephone (Indicate: *Home/Cell*) _____ Sex _____ Birthplace _____ Citizenship _____

Religion _____ Parish _____ Language Spoken in Home _____

How did you learn about Saint Therese Carmelite School? _____

Sacramental Information

Baptism Date (mo/day/yr) _____ Church _____ City _____ State _____

First Communion Date (mo/day/yr) _____ Church _____ City _____ State _____

School Information

Current School _____ City _____ State _____

Past School _____ Dates Attended _____ City _____ State _____

Past School _____ Dates Attended _____ City _____ State _____

Has applicant ever skipped a grade? _____ If so, what grade? _____

Has applicant ever repeated a grade? _____ If so, what grade? _____

Is there anything else you would like us to know about the applicant? _____



