

Sister Thea Bowman Catholic School

2019-2020

1217 Hattiesburg Street Jackson, MS 39209 (601) 352-5441
www.theabowmanschool.com

Admissions Application Form

PLEASE PRINT OR TYPE

IMPORTANT: ALL NEW STUDENTS ARE UNDER A 90 DAYS PROBATIONARY PERIOD.

Student's Last Name First Name Middle Name

Current Address City, State Zip Code Phone #

Month/Date/Year Place of Birth- City/State Age, By September 1st
Date of Birth

SS # XXX- XX- Last School Attended:

Are you Catholic Yes or No

Grade for 2019-2020: Religious Affiliation:

Print Parent's/Guardian's Name: (person child lives with)

Relationship to child: Child lives with both parents: YES OR NO

Address (if different from child):

MOTHER'S NAME:

Address (if different from child):

Home Phone #: Cell #:

Work #: Email:

Place of Employment: Occupation:

FATHER'S NAME:

Address (if different from child):

Home Phone #: Cell #:

Work #: Email:

Place of Employment: Occupation:

BROTHERS AND SISTERS

Print Name Age School Attending

Print Name Age School Attending

Print Name Age School Attending

Parent's/Legal Guardian's\* Signature:

\*Legal documentation required Date:

PRINT STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**EMERGENCY CONTACTS:**

In the event that neither parent nor guardian can be reached, Sr. Thea Bowman Catholic School is granted permission to dismiss my child to the following person(s): **PLEASE INCLUDE ALL NAMES INCLUDING ANY PICK-UP SERVICES.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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**ALLERGY INFORMATION:** In the event that none of the persons listed as an emergency contact cannot come or will not come and assume responsibility for my child, the school is authorized to transport my child by ambulance, at my expense, to the emergency room at \_\_\_\_\_ Hospital and/or contact Doctor \_\_\_\_\_ Phone #: \_\_\_\_\_ for instructions.

**1-Has your child suffered from serious illness or injury? Yes or No, If yes, please explain.**

2-Please provide the school with any medical/allergy information about your child that the school should know. \_\_\_\_\_

**PHOTO RELEASE: (CHECK ONE OF THE FOLLOWING)**

- Yes, I GIVE Sr. Thea Bowman Catholic School permission to photograph my child(ren) for media release purposes only. (Website, Newsletters, and any articles pertaining to media release)
- No, I DO NOT GIVE Sr. Thea Bowman Catholic School permission to photograph my child(ren) for media release purposes only. (Website, Newsletters, and any articles pertaining to media release)

**Print Parent's/Legal Guardian's Name:** \_\_\_\_\_

**Parent's/Legal Guardian's\* Signature:** \_\_\_\_\_

\*Legal documentation required **Date:** \_\_\_\_\_