



**Cathedral School**  
 701 N. Dr. Martin Luther King, Jr. St.  
 Natchez, MS 39120  
 (601) 442-2531

Office Use Only	Date/Time:	By:
Application Rec.		
Application Fee	Ck#:	Cash
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Sec. Card	<input type="checkbox"/> Immunization
Interview:		
Accepted:		

**APPLICATION FOR ADMISSION**

School Year: 20\_\_ to 20\_\_

PreK 3	PreK 4	K	1	2	3	4	5	6	7	8	9	10	11	12
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\$200 Registration fee and all records must accompany this application.

Applicant's Name \_\_\_\_\_  
 (As listed on Birth Certificate) *Last First Middle Preferred Name*

Male Female Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Religion: \_\_\_\_\_ Name of Church: \_\_\_\_\_

If Catholic, complete the following regarding receipt of Sacraments:

Baptism: Church \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

Communion: Church \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

Confirmation: Church \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

Father	Mother
Name:	Name:
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Employer:	Employer:
Industry/Position:	Industry/Position:
Religion: Parish (If Catholic)*	Religion: Parish (If Catholic)*

**Circle all applicable:** Parents Married Parents live in same household  
 Parents Divorced Parents live apart Parents never married  
 Father Remarried Mother Remarried Father Deceased Mother Deceased  
 Custody\*: Father Mother Joint Guardianship  
 \*Submit legal documentation of custody. Child's primary residence: \_\_\_\_\_

Stepfather/Stepmother Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian (if not living with parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>Applicant's brothers &amp; sisters:</b>				
Name	Age	Grade in	Name of School	Formerly Attended or Graduated Cathedral

Last School Applicant Attended: \_\_\_\_\_

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *City/State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *Phone #*

List Applicant's hobbies, special interests, and activities \_\_\_\_\_

Has the applicant ever experienced disciplinary problems resulting in probation, suspension or dismissal from school?  
 \_\_\_ No \_\_\_ Yes, please explain: \_\_\_\_\_

Does student have any special needs? \_\_\_\_\_ No \_\_\_\_\_ Yes, please explain: \_\_\_\_\_

Has the applicant undergone any diagnostic testing or evaluations for learning disabilities?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes, please explain: \_\_\_\_\_

May we contact therapist, counselor, psychologist? \_\_\_ Name of therapist: \_\_\_\_\_ May we obtain copies of the reports? \_\_\_

What are your goals for your student at Cathedral School? \_\_\_\_\_

What After-School Care (Prek-4<sup>th</sup> grade), if any, do you need for your child? \_\_\_\_\_

List any relatives who attend or have attended Cathedral School \_\_\_\_\_

Who recommended Cathedral School to you? \_\_\_\_\_

Who is the responsible financial Party? \_\_\_\_\_

*Please provide name and address if different from first page.*

I hereby make application to enroll my child as a student at Cathedral School. I understand, if accepted for enrollment, my child will be placed only if space is available in the appropriate grade. I understand, if I choose to withdraw from registration the \$200 registration fee is nonrefundable. All student enrollments are probationary for 90 days. I also understand, if my child is accepted to Cathedral School, he/she will be subject to the rules and regulations stated in the admissions information and school handbook which is revised annually. I further understand I will be financially responsible for the fees and tuition charges which are revised annually.

\_\_\_\_\_  
 Signature of Parent/ Guardian

\_\_\_\_\_  
 Date