Guardian Angels Regional School

Pre-Kindergarten Application for Admission

Student Information				
Last Name:	Middle Initial: First Nar	ne:		
Date of Birth:	Current Grade in School:	Grade in Sept.:		
Home Address:				
City:	ACADEMI State: AITH - COMMUNITY	Zip:		
Home Phone #:	Home Emai] :		
Religious Denomination of Applicant:	Galle			
Church Applicant Attends:	74 15 1			
Parent/Guardian Information				
Father/Male Guardian:				
Address (if different):	3/5			
City:	State:	Zip:		
Cell Phone #:	Email:			
Occupation/Position:	Employer:			
Mother/Female Guardian:	ARDIAN ANGELS REGIONAL SCHOOL			
Address (if different):	THE COLUMN			
City:	State:	Zip:		
Cell Phone #:	Email:	Email:		
Occupation/Position:	Employer:	Employer:		

Please complete the information on the reverse side.

Family Information				
ı. Parent's Marital Status:	Married	Separated	Divorced	Widowed
2. Child Resides with:	Both	_Mother	Father	Other
If parents are separated or divo	rced, who will ass	ume financia	responsibility?	
Legal Custody?				
Additional Guardian or Custodi	ial arrangements,	please provid	e below:	
Class Preference:	ACADEMICS	· FAITH · C(DMMUNITY	
Pre-Kindergarten 2 Day Class	s (please check o	ne)		
This class is for students who	have turned 3 b	y Septembe	r 30 th .	
Tuesday/Thursday Hal	f Day (8am-12pm)			
	79			
Tuesday/Thursday Ful	l Day (8am-3pm)			
Pre-Kindergarten 3 Day Class This class is for students who			mber 30 th .	
Monday/Wednesday/F	riday Half Day (8a	nm-12pm)		
	20 000 0 1100		25	
Monday/Wednesday/F	riday Full Day (8a	am-3pm)		
Pre-Kindergarten 5 Day Class This class is for students who			mber 20 th Please	e contact our school office
for information regarding th				. contact our school office
5 Day Half Day (8am-12	pm)			
5 Day Full Day(8am-3p	LJARDIAN ANG	GELS REGIO	ONAL SCHOOL	
Parent's Signature:			Date	
Parent's Signature:			Date:	