

**2018 – 2019
Pre-registration
Questionnaire
Page 1 of 1**



**ST. FRANCES
CABRINI
SCHOOL**

office@cabrinischool.org
www.cabrinischool.org

5621 108th St. SW
Lakewood, WA 98499
253-584-3840

Date Rec'd:

Fee:

Check #:

Cash

Thank you for your interest in St. Frances Cabrini Catholic School.
Please complete this form and attach the \$25.00 per student Assessment fee
(one-time, non-refundable).

Academic Year
Applying For:

Guardian 1:

Relationship to Student:

Home Phone Work Phone Cell Phone

Email

Occupation: Employer:

Address:

Guardian 2:

Relationship to Student:

Home Phone Work Phone Cell Phone

Email

Occupation: Employer:

<u>Family Faith Affiliation - please check all that apply:</u>				
<u>Faith</u>	<u>Where/How long</u>	<u>Attend Regularly</u>	<u>Actively Involved</u>	
<input type="checkbox"/> Catholic (registered)		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Catholic (not registered)		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Other:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student(s):	D.O.B	Current	Grade Next	Baptized
Last Name/First Name/Middle Name:	mm/dd/year	Grade:	Year	mm/dd/year
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>