

**2019 – 2020
Pre-registration
Questionnaire
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**ST. FRANCES
CABRINI
SCHOOL**

sfc@cabrinischool.org
www.cabrinischool.org

5621 108th St. SW
Lakewood, WA 98499
253-584-3850
253-584-5748

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:

Family Faith Affiliation - please check all that apply:

<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"/>

<u>Student(s):</u>	<u>D.O.B</u>	<u>Current</u>	<u>Grade Next</u>	<u>Baptized</u>
<u>Last Name/First Name/Middle Name:</u>	<u>mm/dd/year</u>	<u>Grade:</u>	<u>Year</u>	<u>mm/dd/year</u>
				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"/>