

For Office Use Only

Amt _____

CK# _____

INI _____

Date _____

Application for Admission

Please attach a recent photograph of student (any size)

Applicant (student)

Name: (Last) _____ (First) _____ (M.I.) _____

Preferred name: _____ Male Female

Date of birth: _____ Social Security Number: _____

(A copy of the applicant's certificate of birth must accompany this application)

Age: (entering school year) _____ Applying for grade: _____ School year: _____

Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Name of person responsible for tuition: _____ Social Security Number: _____

Address: (if different from above) _____

City: _____ State: _____ Zip: _____ Phone: _____

(Optional)
Student's Race: _____ Religion/Denomination: _____ Church Affiliation: _____

Family

Title Preference: Mr. Mrs. Ms. MD PhD Parent Step-parent Grandparent

Full Name of Parent 1: (Last) _____ (First) _____ (M.I.) _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Firm: _____ Occupation: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Business phone: _____

Email Home: _____ Business: _____

Colleges attended (if any) and degree(s) earned: _____

Title Preference: Mr. Mrs. Ms. MD PhD Parent Step-parent Grandparent

Full Name of Parent 2: (Last) _____ (First) _____ (M.I.) _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Firm: _____ Occupation: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Business phone: _____

Email Home: _____ Business: _____

Colleges attended (if any) and degree(s) earned: _____

If the applicant's parents are separated or divorced, with whom does the child live? _____

Correspondence will be mailed to both parents unless otherwise indicated. Please check the title format you prefer for mailings, e.g., Mr., Mrs., Ms., etc.



St. Richard's School

33 East 33rd Street
Indianapolis, Indiana
46205-3401

Telephone 317.926.0425
Facsimile 317.921.3367
www.strichardsschool.org

School/Preschool/Daycare

Name of present school/daycare: _____

School address: _____

City: _____ State: _____ Zip: _____ School phone: _____

Current grade: _____ Public Parochial Independent

For all applicants, please list teachers' names and phone numbers to contact for recommendations: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Has your child ever had a psychological/educational evaluation? _____

If so, would you be willing to share the results with the school in an effort to better serve your child? _____

Siblings

Name: _____ Date of birth: _____

Name of present school/daycare: _____

School address: _____

City: _____ State: _____ Zip: _____ School phone: _____

Name: _____ Date of birth: _____

Name of present school/daycare: _____

School address: _____

City: _____ State: _____ Zip: _____ School phone: _____

Additional Information

Please briefly describe the applicant's school experience (successes, difficulties, and relationships with peers and teachers). _____

If transferring locally, why are you considering a change of schools for the applicant? _____

How did you first learn of St. Richard's School? Parent Alumni Friend Advertisement Other

Identify: _____

St. Richard's School admits and welcomes students of all racial, religious, ethnic, national, and socioeconomic backgrounds. A diverse school community is part of the St. Richard's tradition.

This application is not binding on the applicant or the School. If the applicant is accepted for admission, an Enrollment Contract will be forwarded. A place will be reserved when the Enrollment Contract and deposit are returned to the School. **Please forward this completed application accompanied by the \$75.00 fee and a copy of the applicant's birth certificate to St. Richard's School. The application fee is not refundable.**

Parent/Guardian Signature _____ Date _____