SAINT TERESA'S CATHOLIC SCHOOL

417 Edgewood Lane, Albany, GA 31707
Phone Number 229-436-0134 (Fax) 229-436-0135

APPLICATION FOR ADMISSION

FAMILY INFORMATION

Parent/Guardian #1 (where student resides)
Member of St. Teresa's Church: _____Y/N **Teacher/Staff**:_____ Y/N

Last Name:_____First Name:_____ Title: _____ Suffix: _____

Relationship: _____

Address: _____ City:_____ State: GA Zip: _____

County of Residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Business Address, City, St, Zip: _____

Religion: _____ E-Mail:_____

Parent/Guardian #2
Member of St. Teresa's Church: _____ Y/N **Teacher/Staff : _____** Y/N

Last Name: _____ First Name: _____ Title: _____ Suffix: _____

Relationship: _____

Work Phone: _____Cell Phone: _____

Occupation: _____Business Address, City, St, Zip: _____

Religion: _____ E-Mail: _____

Is address and home phone the same as Parent/Guardian #1? _____ Y/N **If 'Y', leave the next 2 lines blank.**

Address: _____City: _____State: _____ Zip: _____

Home Phone: _____

Is Mother deceased? _____ Y/N Is Father deceased? _____ Y/N

Emergency Contacts

(#3) Last Name: _____First Name: _____ Title:____ Phone: _____

(#4) Last Name: _____First Name: _____Title: ____ Phone: _____

Medical Information

Doctor's name: _____ Dr.'s phone: _____ Insurance: _____

Allergies: _____

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Student Information

Student 1

First Name: _____Middle: _____ Last: _____

Gender: _____F/M Birthday: _____

If student were attending public school: Public District: _____ Public school: _____

Baptism date: _____ First Communion Date: _____ Race: _____

SSN: _____ Religion: _____

Allergies/Special food requirements: _____

Student 2

First Name: _____Middle: _____ Last: _____

Gender: _____F/M Birthday: _____

If student were attending public school: Public District: _____ Public school: _____

Baptism date: _____ First Communion Date: _____ Race: _____

SSN: _____ Religion: _____

Allergies/Special food requirements: _____

Student 3

First Name: _____Middle: _____ Last: _____

Gender: _____F/M Birthday: _____

If student were attending public school: Public District: _____ Public school: _____

Baptism date: _____ First Communion Date: _____ Race: _____

SSN: _____ Religion: _____

Allergies/Special food requirements: _____

Student 4

First Name: _____Middle: _____ Last: _____

Gender: _____F/M Birthday: _____

If student were attending public school: Public District: _____ Public school: _____

Baptism date: _____ First Communion Date: _____ Race: _____
SSN: _____ Religion: _____

Allergies/Special food requirements: _____