



Catholic Faith
Nurturing Community
Family Environment
Rigorous Academics
www.stb-school.com

NEW STUDENT APPLICATION FOR ADMISSION
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Telephone: 303-237-0401 Fax: 303-237-0608

E-Mail: www.stb-school.com

To be completed by Parent of Guardian:

Applicants' Name in Full: _____

Preferred Name: _____ Male: _____ Female _____ Home Phone: _____

Date of Baptism _____ Please include copy of birth and Baptismal Certificate

Primary Address _____
Street City State Zip

Grade child will be entering: _____

School your child is presently attending: _____

School District you live in: _____

Parent or Guardian: _____

Student Ethnicity: American Indian/Native Alaskan _____, Asian _____, Black _____, Hispanic _____,
Multi-Racial _____, Native Hawaiian/Pacific Islander _____

Doctors Name: _____
Phone _____

Health Insurance Provider: _____

APPLICANT'S FAMILY

MOTHER'S FULL NAME

FATHER'S FULL NAME

Mrs./Ms./Dr. _____

Mr./Dr. _____

Home address if different from applicant's

Home address if different from applicant's

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

E-Mail _____

E-Mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Religion _____

Religion _____

Parish How Long

Parish How Long

(Turn over to complete)

STUDENT/SCHOOL HISTORY

Please list the names of all schools the student has attended including Preschool if applicable.

School Name	Grades Attended	Reason for Leaving
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Has your child ever been tested for any of the following?

LEARNING DISABILITIES Yes ___ No ___ Place/Date _____

SPEECH/LANGUAGE DISABILITIES Yes ___ No ___ Place/Date _____

ATTENTION DEFICIT DISORDER Yes ___ No ___ Place/Date _____

HYPERACTIVITY Yes ___ No ___ Place/Date _____

GIFTED/ENRICHMENT Yes ___ No ___ Place/Date _____

If any yes, please share with us all information obtained from these evaluations.

Important Health Information: _____

Is your child currently on any medication? ___ If yes, please list name and dosage.

Does your child have any health problems? For example, allergies (to food, medicine, bees stings), diabetes, asthma, etc. If yes, please explain _____

Are there any situations or pertinent information which we should know in order to further understand your child? _____

Please attach additional pages if necessary.

Office Use only:

Application Fee Paid _____ (Non-refundable)

Date Application received _____