

Student Name (First, Middle, Last) _____

Address _____

City, State, Zip Code _____

Date of Birth (Month/Day/Year) _____ Parish _____

Current School Attending _____

Current Grade _____ Applying For Grade _____ Current School Fax Number _____

Father's Name (First, Middle, Last) _____

Mother's Name (First, Middle, Last) _____

Best Email Address for family _____

Home Phone _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

With whom does the student live? _____

(e.g., mother and father, father, mother, stepfather, stepmother, grandparents, legal guardian)

To whom should correspondence and billing information be sent? (Please provide address, if different from above.)

Has applicant ever skipped or repeated a grade? yes no

If yes, please explain.

Has applicant received special accommodations (IEP) or 504? yes no If yes, please explain

Has applicant ever been dismissed, suspended or denied readmission from any school for any reason?

yes no If yes, please explain.

Has applicant ever been in the care of a psychiatrist or psychologist?

yes no If yes, please explain.

Have any of your relatives attended or are currently attending Providence? Yes No

If yes, who? _____ Class of: _____

Do you have any siblings currently attending elementary or middle school? Yes No

If yes, Name, Grade, School

Are you applying for a scholarship or other financial assistance? Yes No Note: Financial Aid offered for high school only

How did you hear about Providence? Family ___ Friend ___ Internet ___ Church Bulletin ___ School ___ Alumnae ___

Newspaper - Name: _____ Magazine - Name: _____ Banner - Where? _____

To receive Send A Friend tuition credit state the name of the Providence family who referred you:

Signature _____ Date _____

Please feel free to use the back of application for additional writing space.

