

Application for Admission

Child's Name _____ Date of Birth _____

Entering Grade Level _____ Start Date _____

Catholic _____ Parish _____ Non-Catholic _____

Current School _____ Years Attended _____

Please list names and ages of any other children living in your household.

Why have you chosen Bishop Schad Regional School for your child's education?

Does your child have any physical, emotional or academic difficulties? If so, please explain. _____

Is there any information, which will help us in working with your child?

How did you hear about Bishop Schad Regional School? _____

Parents/Guardians Signature: _____ Date: _____

Please return the completed application to the school office with the registration fee of \$100 and \$100 technology fee along with the other necessary documents. These fees are non-refundable. Bishop Schad Regional School