

Family Inquiry Application

Child's Full Name _____ Nickname _____ Sex ____ Phone # _____

Address _____ City _____ State ____ Zip _____

Birth date _____ Age of Child ____ Religion _____ Church Affiliation _____

Sibling Name	Sibling Birth date	School
_____	_____	_____
_____	_____	_____

Father's Name _____ Father's/Religion _____

Father's Profession _____ Business Telephone # _____

Place of Employment _____ City _____

Mother's Name _____ Mother's Religion _____

Mother's Profession _____ Business Telephone # _____

Place of Employment _____ City _____

Are parents divorced? ____ Yes ____ No Who else lives in home? _____

Is this child cared for by anyone other than parents on a regular basis? ____ Yes ____ No

If yes, what relationship does this person have to the child? _____

Why do you wish to have your child attend Lial School? _____

How long do you plan to have your child attend? _____

How did you hear about Lial? _____

Are there any concerns (medical or other) about which we should know? _____

Readiness session preferred: ____ Morning ____ Afternoon ____ No Preference

Please mail this form to Lial Catholic School. You will be contacted for an interview and subsequently notified concerning acceptance of your child when there is an opening.

Parent's Signature _____ Date _____

Office Use	Date:	Comment:
_____	_____	_____
_____	_____	_____