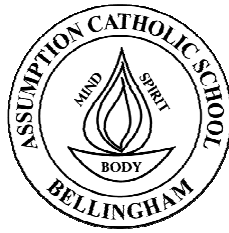


Assumption Catholic School
2116 Cornwall Avenue
Bellingham, Washington 98225



Phone (360) 733-6133
Fax (360) 647-4372
www.school.assumption.org

Enrollment Inquiry Form

Registering School Year: 2010-11 2011-12 Other _____

Check grades(s) for which you wish to register: Preschool: Pre-K3 Pre-K4
Elementary: K 1st 2nd 3rd 4th 5th
Middle School: 6th 7th 8th

STUDENT INFORMATION

Child's First Name _____ Child's Last Name _____

Birthdate _____ Male Female

Child's First Name _____ Child's Last Name _____

Birthdate _____ Male Female

Child's First Name _____ Child's Last Name _____

Birthdate _____ Male Female

(if more than 3 children, use back of form)

FAMILY INFORMATION

Mother's Full Name _____ Father's Full Name _____

Child/ren lives with: Both Parents Mother Father Other _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Cell or Work Phone _____ Best Time to Contact: _____ Preferred Contact: Home Work /Cell E-Mail

Parish or church family belongs to: _____ Child's Current School _____