



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:  2008-2009  2009-2010  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 \_\_\_\_\_