

Application for Admission Northern Chautauqua Catholic School

336 Washington Avenue, Dunkirk, New York 14048

(716) 366-0630

Website: www.nccschool.us

PLEASE PRINT ALL INFORMATION

Entering Grade: _____

Student's Legal Name: _____
Last First Full Middle Suffix

Address: _____
No. Street PO Box # City/Town Zip

Telephone: _____ Birth Date: _____ School District: _____

Birth Place: _____ Date Entered United States: _____
City State (if applicable)

Religion: _____ Parish Affiliation: _____

Present School: _____ Student Nickname: _____

Guardian(s): _____ E-Mail: _____

Guardian Address: _____
No. Street PO Box# City/Town Zip

Telephone: _____ Cell Phone: _____

Father's Name: _____
Last First Full Middle Suffix

Father's Address: _____
(if different from student) No. Street PO Box# City/Town Zip

Father's E-Mail: _____ Cell Phone: _____

Father's Occupation: _____ Title/Position: _____

Name of Employer: _____ Business Phone: _____

Father: Married: _____ Divorced: _____ Single: _____ Remarried: _____

Mother's Name: _____
Last First Full Middle Suffix

Mother's Address: _____
(if different from student) No. Street PO Box# City/Town Zip

Mother's E-Mail: _____ Cell Phone: _____

Mother's Occupation: _____ Title/Position: _____

Name of Employer: _____ Business Phone: _____

Mother: Married: _____ Divorced: _____ Single: _____ Remarried: _____

Please complete both sides of form

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Student resides with: Both Parents: _____ Mother: _____ Father: _____ Guardian: _____
** A copy of the custody agreement must be provided to the school. **

Student Ethnicity: Caucasian ___ Black ___ Hispanic ___ Asian ___ Alaskan ___ Multiracial ___ American Indian ___

Sibling(s):

Name Age Name Age

Name Age Name Age

Emergency Contacts:

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

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Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Sacraments:

Baptism: _____
Date Church Name City/Town

First Reconciliation: _____
Date Church Name City/Town

First Eucharist: _____
Date Church Name City/Town