Guardian Angels Regional School

Application for Admission

Student Information

Last Name:	st Name: First Name:		
Date of Birth:	Current Grade in School: Grade in Sept.:		
Current School:			
Telephone #:	ACADEMICS - FA	Principal:	
Home Address:			
City:	State:		Zip:
Home Phone #:	24	Home Email:	
Religious Denomination of A	Applicant:		
Church Applicant Attends: _		200	
Parent/Guardian Inform	nation	28,5	
Father or Male Guardian:			/
Address (if different):			
City:			Zip:
Cell Phone #:	GUARDIAN ANGEL	S REMAIL SCHO	01)
Occupation/Position:		Employer:	
Mother or Female Guardian:			
Address (if different):			
City:	State:		Zip:
Cell Phone #:		Email:	
Occupation/Position:		Employer:	

Family Information Parent's Marital Status: _____Married _____Separated _____Divorced _____Widowed ____Both ____Mother ____Father ___Other Child Resides With: If parents are separated or divorced, who will assume financial responsibility? Legal Custody? Additional Guardian or Custodial arrangements, please provide below: Siblings Grade: School: Name: School: Name: ___ Grade: Grade: ___ School: Name: Grade: School: Have any relatives attended/graduated from Guardian Angels Regional School? _____Yes _____No Name: ______ Year Graduated: _____ _____ Relationship to Applicant: _ __ Year Graduated: _____ Applicant Information How did you hear about Guardian Angels Regional School? _ What are your priorities in choosing a school? Guardian Angels Regional School does not discriminate on the basis of race, color, creed, national or ethnic origin in administration of its educational policies, admission policies, financial aid program, athletic or other school administered programs. Signature of Parent/Guardian ______ Date___

Signature of Parent/Guardian _____ Date _____ Date _____