



Please fill out one form per child

Visitation Academy

CATHOLIC SCHOOLS - ARCHDIOCESE OF NEWARK

PreK3: Days attending _____

PreK4: 3 days _____ 5days _____

Last Name	First Name	Middle	Place of Birth	Date of Birth	Male _____ Female _____	Date Admitted	Grade
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Address	City	State	Zip	Phone
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FATHER Deceased ()	MOTHER Deceased ()	NEW STUDENTS ONLY
Name:	Name:	Admissions/Transfer Information
Address same as above <input type="checkbox"/>	Address same as above <input type="checkbox"/>	Previous School
Address:	Address:	Address:
City State Zip	City State Zip	
Email:	Email:	Last day of attendance: _____
Phone: Home Cell	Phone: Home Cell	

Student Ethnicity and Religion		
Please check one:	Catholic	Non-Catholic
American Indian/Native Alaskan		
Asian		
Black		
Hispanic		
Native Hawaiian/Pacific Islander		
White		
Multi - Racial		

SACRAMENT	DATE	CHURCH	CITY	STATE
BAPTISM				
FIRST PENANCE				
FIRST COMMUNION				
CONFIRMATION				

Current Parish: _____