



St. Augustine School Student Application

FIRST NAME	MIDDLE NAME	LAST NAME	GRADE IN 2017-18

Birth: Month/Day/Year	Place of Birth

ADDRESS	CITY	ZIP	AREA CODE + PHONE

Father's Full Name	Email
Mother's Full Name	Email

Date of Shadow Visit	Feedback
Date of Assessment	Feedback
Admin Interview	Feedback
Student Acceptance Status	Letter of Acceptance or Letter of Explanation Emailed/Sent Date

A Family Registration, Tuition and Fee Policy Form with Financial Contract was provided. Date: _____

A Family Registration, Tuition and Fee Policy Form with Financial Contract was returned. Date: _____