



# SAINT VERONICA SCHOOL

4219 Route 9 North  
Howell, New Jersey 07731  
(732) 364-4130

APPLICATION FOR GRADE: (Please check one per application)

Rainbow Patch (Age 3): (preferred – not necessarily guaranteed)

\_\_\_\_\_ AM \_\_\_\_\_ PM

Rainbow Patch (Age 4 – ½ day AM only): \_\_\_\_\_

Rainbow Patch (Age 4 – Full day): \_\_\_\_\_

K- Eighth Grade: \_\_\_\_\_

Please PRINT neatly

Child' s Name: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Mailing Address if different from Street Address

\_\_\_\_\_ Town Zip

Phone: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
City & State

\_\_\_\_\_ If born in another country \_\_\_\_\_ Date moved to USA \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Religion: \_\_\_\_\_ Registered Parish: \_\_\_\_\_

Admitted from: \_\_\_\_\_

Zip \_\_\_\_\_ School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Prior Grade: \_\_\_\_\_ School Phone #: \_\_\_\_\_

Has your child ever had a Child Study Evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you registering any other siblings at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what grade(s): \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

<u>Sacramental History:</u>	Parish	City & State	Date
Baptism:	_____	_____	_____
First Penance:	_____	_____	_____
First Eucharist:	_____	_____	_____
Confirmation:	_____	_____	_____

Family Background:

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's e-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's e-mail: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Guardian's Cell Phone: \_\_\_\_\_

Guardian's e-mail: \_\_\_\_\_

Relationship of Guardian to Student: \_\_\_\_\_

**Home Situation:**    \_\_\_ Two Parents    \_\_\_ One Parent    \_\_\_ Parents separated/divorced  
                          \_\_\_ Restructured – mother/stepfather    \_\_\_ Father remarried  
                          \_\_\_ Restructured – Stepmother/father    \_\_\_ Mother remarried  
 Child resides with: \_\_\_\_\_

**Siblings in St. Veronica:**

Name	Birth date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**St. Veronica Parish Information:**

Regular Use of Church Envelopes: \_\_\_\_\_ Envelope #: \_\_\_\_\_

Active Parish/School Involvement:    Please mark **Yes** or **No**

Regular attendance at Mass: \_\_\_\_\_

Eucharistic Minister: \_\_\_\_\_

Lector or Usher: \_\_\_\_\_

Holy Name, Rosary Society, K of C: \_\_\_\_\_

P.T.A. Volunteer: \_\_\_\_\_

Festival Worker: \_\_\_\_\_

C.C.D. Teacher: \_\_\_\_\_

Scouting (Boy or Girl): \_\_\_\_\_

Name and Address of Parish in which you reside if other than St. Veronica's:

\_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian's Signature

All parents are expected to work Bingo. Schedules of times for working Bingo will be distributed at a later date.

**For Office Use:**

Registration Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Documents received:    Immunization Record    \_\_\_\_\_

Report Card    \_\_\_\_\_

Standardized Tests \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_

Registration Form Processed:

Entered \_\_\_\_\_

Rectory \_\_\_\_\_

Bingo \_\_\_\_\_

Child Study Evaluation \_\_\_\_\_