



239 N. Main Street
Versailles, KY 40383
859.873.4591

REGISTRATION APPLICATION 2009/10

FAMILY NAME:

Address

Mailing Address

City, State, Zip Code

Telephone:

Main Language Spoken in the Home

STUDENT INFORMATION:

1)

Student Name: _____
Last First Middle

Grade in Fall _____

Date of Birth _____ Place of Birth: _____

Ethnic Group _____ Religion _____

2)

Student Name: _____
Last First Middle

Grade in Fall _____

Date of Birth _____ Place of Birth: _____

Ethnic Group _____ Religion _____

Brothers or Sisters not attending St. Leo School (names & ages)

Home Condition: Two- Parent Family _____ Single-Parent Family _____
 Parent Deceased _____ Foster Home _____ Other _____

Member of St. Leo Parish: Yes _____ No _____

_____ Request Financial Assistance Application