

**Family Inquiry Application**

Date Submitted: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age of Child \_\_\_\_ Grade \_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

Current School \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Sibling Birth date: \_\_\_\_\_ Current School (Please put a check if interested in Lial for this child)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you need more space please use the back.

Father's Name \_\_\_\_\_ Father's/Religion \_\_\_\_\_

Father's Profession \_\_\_\_\_ Business Telephone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ City \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Mother's Profession \_\_\_\_\_ Business Telephone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ City \_\_\_\_\_

Are parents divorced? \_\_\_ Yes \_\_\_ No Who else lives in home? \_\_\_\_\_

Is this child cared for by anyone other than parents on a regular basis? \_\_\_ Yes \_\_\_ No

If yes, what relationship does this person have to the child? \_\_\_\_\_

Why do you wish to have your child attend Lial School? \_\_\_\_\_

How long do you plan to have your child attend? \_\_\_\_\_

How did you hear about Lial? \_\_\_\_\_

Are there any concerns (educational/medical or other) about which we should know? \_\_\_\_\_

Readiness session preferred: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ No Preference

Please mail this form to Lial Catholic School. You will be contacted for an interview and subsequently notified concerning acceptance of your child when there is an opening. Open Registration begins 3<sup>rd</sup> week in March

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Date: \_\_\_\_\_ Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_