

# Most Precious Blood Catholic School

## Application for Admission

Please Print or Type

### STUDENT INFORMATION

Name of Student \_\_\_\_\_  Male  Female

Last

First

MI

Home Address \_\_\_\_\_

City

State

Zip Code

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Grade Entering:  K (Half Day)  K (Full Day)  1  2  3  4  5  6  7  8

Did your child attend MPB Early Learning Center?  Yes  No

Have you toured the MPB Campus?  Yes  No

If no - Please suggest a date \_\_\_\_\_

### FAMILY INFORMATION

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Student lives with:  Parents  Father  Mother  Stepfather  Stepmother  Guardian

### RELIGIOUS AFFILIATION

Student \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Parish or Church \_\_\_\_\_

Date Registered \_\_\_\_\_

Previous parish if less than 6 months at present parish \_\_\_\_\_

Father attended MPB:  Yes  No

If yes, when? \_\_\_\_\_

Mother attended MPB:  Yes  No

If yes, when? \_\_\_\_\_

Brother(s) / Sister(s) attending MPB school: \_\_\_\_\_

Name: \_\_\_\_\_

Dates: \_\_\_\_\_

Name: \_\_\_\_\_

Dates: \_\_\_\_\_

Name: \_\_\_\_\_

Dates: \_\_\_\_\_

# Most Precious Blood Catholic School

Why have you selected Most Precious Blood Catholic School?

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Please describe your involvement in ministries or activities in your parish:

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Parent or Guardian Signature

Date:

Please return application to

Most Precious Blood Catholic School  
3959 East Iliff Avenue  
Denver, Colorado 80210  
303-757-1279

Applications for Admission must be accompanied by a copy of the applicant's birth and baptism certificates.

1st Grade thru 8th grade applications require copies of previous report cards and standardized test scores.