

GESU CATHOLIC SCHOOL
2450 Miramar Blvd.
University Heights, Ohio 44118
(216) 932-0620

APPLICATION FOR ADMISSION

Parents seeking admission for their child to Gesu School are asked to fill out the information below and return the form to the attention of the principal. A child is not considered for admission until this form and the form from the student's current school are received by Gesu School. Applications will be considered on the basis of published admission priorities according to the date this application is received by Gesu School.

DATE OF APPLICATION: _____ **For Grade:** _____ **Year:** 20 ____ - 20 ____

Student's Name _____ **M** ____ **F** ____
Last First Middle

Age: _____ **Birthdate:** _____ **Home phone:** () _____

Present Address _____
Street City/State/Zip

If moving, new address _____
Street City/State/Zip

School currently attending: _____ **Grade:** _____
Address _____

Street City/State/Zip
Principal _____
Public School District of residence _____

Student's religion:

Registered Gesu Parishioner _____ Year registered: _____ Child baptized? _____
Catholic/Out-of-parish _____ Parish: _____
Non-Catholic _____ Religious Affiliation: _____

Student lives with: _____
(Parents or Guardian)

Parents:	Father	Mother
Name:	_____	_____
Religion:	_____	_____
Occupation:	_____	_____

Other children: _____ School attending: _____
_____ School attending: _____
_____ School attending: _____

Reason for requesting admission to Gesu:

Telephone Number where parent or guardian can be reached between 9:00 a.m. and 3:00 p.m. to discuss this application.

Name _____ Number _____

