



St. Edward School

190 Thompson Lane, Nashville, TN 37211

P: (615) 833-5770 F: (615) 833-9739

www.stedward.org

The following forms must be submitted with the application for students to be considered for enrollment.

- Copy of Birth Certificate
- Copy of Baptismal Certificate (if Catholic)
- State Health & Immunization Form
- Teacher Recommendation (*grades 1-8, must be mailed from former teacher to St. Edward School*)
- Most Recent Report Card
- Copy of standardized test results

School Year Applying for: _____ Grade: _____ Date of Application: _____

STUDENT INFORMATION

Name: _____
First Name Nick Name Middle Name Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____

Birthdate: _____ Age: _____ Gender: M F Catholic Non-Catholic

If Catholic, registered member of _____ (Name of Parish)

First Language: _____ Language Spoken at Home: _____

Ethnic Group: _____ Religion: _____ Country of Birth : _____

PARENTS/GUARDIAN INFORMATION

FATHER'S INFORMATION

Name: _____
First Name MI Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell Phone : _____

Home Phone Number: _____

Occupation: _____

Employer/Business Name: _____

Work Phone Number: _____

Marital Status: Single Married Separated

Divorced Remarried

St. Edward School Alumni? No Yes

If Yes, year graduated: _____



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MOTHER'S INFORMATION

Name: _____
First Name MI Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell Phone : _____

Home Phone Number: _____

Occupation: _____

Employer/Business Name: _____

Work Phone Number: _____

Marital Status: Single Married Separated

Divorced Remarried

St. Edward School Alumni? No Yes

If Yes, year graduated: _____

Does applicant live with both parents? No Yes

If not, with whom does the applicant live? _____

Relationship: _____

SIBLINGS

Name	Age	Sex	School Attending

SACRAMENTAL INFORMATION FOR CATHOLIC STUDENTS

Parish currently attending: _____

Date of Baptism Church City and State

Date of First Penance Church City and State

Date of First Communion Church City and State

Date of Confirmation Church City and State

EDUCATIONAL INFORMATION

Current School: _____ Grade: _____

Address: _____

Dates of Attendance: _____ Teacher's Name: _____



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Does your child have any physical disabilities of which you are aware? Yes No

If yes, please explain: _____

Does your child have any learning disabilities of which you are aware? Yes No

If yes, please explain and provide a copy of testing results/IEP: _____

Has your child been treated by a psychiatrist, psychologist, or counselor? Yes No

If yes, please explain: _____

Has your student ever repeated a grade: Yes No If yes, which grade? _____

Has your student been suspended or expelled from another school? Yes No

If yes, please explain : _____

MEDICAL INFORMATION

Does your child have any allergies? Yes No

If yes, please list and explain: _____

Is your child on any type of medication? Yes No

If yes, please list and explain: _____

How did you learn about St. Edward School? Ad Open House Church Bulletin Website

SES parent/student of alumni Other _____

Whom may we thank for referring you to St. Edward? _____

Signature of Parent of Guardian:

I understand and acknowledge that St. Edward School may deny admission at any time if it determines that enrollment of the child in St. Edward School would not be appropriate. I understand and acknowledge that St. Edward School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of St. Edward School.

Signature of Parent/Guardian

Date: _____

Printed Name of Parent/Guardian