



St. Edward School

190 Thompson Lane, Nashville, TN 37211

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

www.stedward.org

PreK-4

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
- Pre-K readiness interview (scheduled by Pre-K Director upon completion of application)

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

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: _____

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.

_____ Date: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian