

ACADEMY OF ST. FRANCIS OF ASSISI

400 TOTOWA ROAD

TOTOWA, NJ 07512

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www.academyofstfrancis.org



Grade entering in September: _____

Date: _____

Paid: \$ _____

_____ Family Name Child's Last Name Child's First Name

Date of Birth: _____ City & State of Birth: _____

School Last Attended: _____

Address of School: _____ City & State: _____

(Circle one in each category)

Sex: Male or Female Child's Religion: Catholic or Non Catholic

Ethnic Background: _____ Social Security #: _____ - _____ - _____

U.S Citizen: Yes or No Green Card: Yes or No

Sacraments Received By Your Child:

Baptism: Date _____ Church _____ City & State _____

Penance: Date _____ Church _____ City & State _____

First Communion: Date _____ Church _____ City & State _____

Family Mailing Address: Mr. / Mrs. Ms.: _____

Street: _____

City: _____ Zip: _____

Email Address _____

Name of Church Family Attends: _____

Address: _____ City: _____ Zip: _____

