Westside Catholic School



St. Boniface Campus • 2031 W. Michigan Street • Evansville, IN 47712 • (812) 422 -1014 St, Agnes Campus •1620 Glendale Avenue • Evansville, IN 47712 • (812) 423 - 9115

Westside Catholic Enrollment Application 2025-2026

FAMILY DATA

Family	Name								
	Parents: Together	Separated		Divorced			Deceased		
	Child(ren) Live With:	Mother	Father	Both	1	Other_			
Father's	s Name						_ Religior	1	
Address	S						Phone _		
	(Street)								
	(City)		(State)		(Zip)		Celi		
Place of	f Employment					Occupat	ion		
Work Pl	hone			Email					
Parish_								□Registered Member	
	Step-Parent's Name							(if applicable)	
	Email				_	Cell Ph	none		
Mother	's Name						Religion	1	
Address	3						Phone		
	(Street)								
	(City)		(State)		(Zip)		_ Cell		
Place of	f Employment					Occupa	tion		
Work Pl	hone			Email					
Parish_								□Registered Member	
	Step-Parent's Name							(if applicable)	
	Email					Call Di	ono		

MEDICAL / HEALTH DATA

Hospital Preference				
Doctor	Phone			
Dentist	Phone			
Any known allergies, medications, sp	pecial health or physical needs of students			
If a parent cannot be reached, call:				
(Name)	(Phone)	(Relationship)		
(Name)	(Phone)	(Relationship)		
List any other people allowed to Is there anyone not allowed to p	pick up your child(ren): pick up your child(ren) from school? List name and	relationship to students:		
	8			
Do any of your child(ren) presently h	nave a Service Plan (IEP, Speech, 504,)?Yes	No		
(Student)	(Test/Evaluation and Agency Administered By)	(Date)		
(Student)	(Test/Evaluation and Agency Administered By)	(Date)		
Parent/Guardian Signature	C	Date		

This signature verifies that all information is true and accurate.

STUDENT DATA

(Fill out a complete section for each student)

Student Ful	I Name						M	F
	(Fi	rst)	(Middle Name)		(Last)			
ate of Birth				Place of Birth	1			
	(Month)	(Day) (Year)			(City)		(State)
ge as of July	31 st	Applying for Gra	nde	Student	has been re	etained	_Yes	No
Race _	White	_Native American	African-A	American _	Asian	Multi-	Racial	
Ethnicity _	Non-Hispanic	Hispanic		ic School admits stu ograms and activitie				
Baptism	(Church)		(City)		(State)	(Date	:)
irst Communi	on							
	(Church)		(City)		(State)	(Date	:)
Student Ful	I Name						М	F
otudent Pul	(Fi	est)	(Middle Name)		(Last)		171	
ate of Birth _	(Month)	(Day)		Place of Birth	ı	0.14.3		(01 :)
	(Month)	(Day) (Year)			(City)		(State)
Race _ Ethnicity _	White Non-Hispanic	_Native American Hispanic	Westside Catholi	American ic School admits stu	-		and ethnic origin	-
, _			privileges, pro		generally accord	ded of made ave	anable to studen	is or scrioois.
Baptism	(Church)							
	(Church)		(City)		(State)	(Date	:)
irst Communi	On(Church)		(City)		(State)	(Date	:)
Student Ful	II Name						M	F
	(Fi	est)	(Middle Name)		(Last)			
Date of Birth _	(Month)	(Day) (Year)		Place of Birth	1	City)		(State)
Age as of July	31 st	Applying for Gra	ade	Student	has been re	**	Yes	No
J		11 7 13 121 311		_			_ · -	
Race _	White	_Native American	African-A	American _	Asian	Multi-	Racial	
Ethnicity _	Non-Hispanic	Hispanic	Hispanic Westside Catholic School admits students of any race, color, national privileges, programs and activities generally accorded or made a					
Baptism								
	(Church)		(City)		(State)	(Date	:)
irst Communi	On(Church)			City)		(State)	(Date	•)