



St. Ignatius School

Portland, OR 97206
Telephone: 503-774-5533
Fax: 503-788-1134

Website: www.sispdx.org
Email: school@sispdx.org

APPLICATION FOR ADMISSION

STUDENT INFORMATION

 Applying to Grade _____

Applicant's Name _____
Last First Middle

Birth date _____ Birthplace _____
City State

Address _____ Phone _____

City _____ State _____ Zip _____

Religion _____ Parish _____

FAMILY INFORMATION

Student lives with: Both Parents Guardian
 Father only Father/Stepmother Mother deceased
 Mother only Mother/Stepfather Father deceased

Father **Stepfather** **Guardian** (relationship _____)

Full Name _____ Religion _____

Employer _____ Position _____

Work Address _____ Work Phone _____

Cell Phone _____ Email(s) _____

Mother **Stepmother** **Guardian** (relationship _____)

Full Name _____ Religion _____

Employer _____ Position _____

Work Address _____ Work Phone _____

Cell Phone _____ Email(s) _____

* Continued on reverse side *

FORMER SCHOOL INFORMATION

Name _____ Phone _____

Address _____ Fax # _____

City _____ State _____ Zip _____

Reason for Transfer _____

1. Briefly explain the reasons you wish your child to attend St. Ignatius School.

2. What should we know about your child that will help us ensure their success?

3. How did you hear about St. Ignatius School?

- Current Family (Family Name: _____) Flyer in local business (Where? _____)
- Print Advertising (Where? _____) Radio Ad
- Website Reader Board Facebook Other _____

4. \$30 applications fee, non-refundable cash check (check # _____)

Parents' Signature _____ **Date** _____

For Office Use Only: Date application received: _____		Time application received: _____	
Application fee received: _____			
Day of Visit _____		Grade _____	
Seat offered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____ <input type="checkbox"/> Letter <input type="checkbox"/> Verbal <input type="checkbox"/> Email	
Wait listed date: _____			
Family Action: Date seat accepted: _____		Date seat declined: _____ by: _____	