

# Application For Enrollment



21689 Toledo Road  
Boca Raton, Florida 33433  
561-392-9160

## Mission Statement

Called to proclaim the Good News of Jesus Christ, the Saint Jude Catholic School and Church Communities join together to provide a learning experience which ensures that all students have the opportunity to achieve their highest potential, while growing in the understanding that they are created and loved by God.

## Civil Rights Statement

Saint Jude Catholic School, 21689 Toledo Road, Boca Raton, Florida, of the Palm Beach Diocese, wishes to restate its open admissions policy. No person, on the grounds of race, color or national origin is excluded, or otherwise subjected to discrimination in receiving services at our school. Nor do we hire or assign staff on the basis of their race, color or national origin of the individuals we are to serve.

## Student Information

Grade Entering: \_\_\_\_\_

School Year: 2\_\_\_\_ - 2\_\_\_\_

Student's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Student Lives with: \_\_\_\_\_ If "other" specify name & relationship: \_\_\_\_\_  
(Mother/Father/Both/Other)

Address of Student's Residence: \_\_\_\_\_  
Street Address City, State, Zip

Sex (M/F): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place \_\_\_\_\_  
Day Month Year City State Country

Ethnic Background: \_\_\_\_\_ Religion \_\_\_\_\_  
(White/Black/Hispanic/Multiracial/Asian/Pacific Island/American Indian/Other)

## Previous Education

Current Grade Level: \_\_\_\_\_

Name of Most Recent School Student Attended: \_\_\_\_\_

Number of Years Attended \_\_\_\_ Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

## Student Sacramental Record

Baptized: \_\_\_\_\_  
Y/N    Day/Month/Year    Name of Church    City/State

Reconciliation: \_\_\_\_\_  
Y/N    Day/Month/Year    Name of Church    City/State

First Communion: \_\_\_\_\_  
Y/N    Day/Month/Year    Name of Church    City/State

Confirmed: \_\_\_\_\_  
Y/N    Day/Month/Year    Name of Church    City/State

## Medication Information

Please specify any physical limitations or special medication that this student has (including glasses, asthma, allergies, etc.): \_\_\_\_\_

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Mother's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

United States Citizen (Y/N) \_\_\_\_\_ Education Level \_\_\_\_\_ Religion \_\_\_\_\_

Member of Saint Jude Parish (Y/N) \_\_ If NO, please name parish/church: \_\_\_\_\_

### Other Children In Family

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ Phone # \_\_\_\_\_

I/we have read and completed the application packet (Student Information, Family Information and Active Parishioner Questionnaire).

As concerned parent(s)/guardian(s), I/we agree to support the school through active involvement and meeting all our financial obligations.

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

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Date

**Please return the completed application and \$50.00 application fee to Saint Jude Catholic School, Admissions Office, 21689 Toledo Road, Boca Raton, Florida 33433. For more information or an appointment, please call Mrs. Terri LaRocca, School Admissions Director, at 561-392-9160 ext. 43, Monday through Wednesday.**