

STUDENT INFORMATION

Please list all students applying to DeSales (grades Pre-School - gr. 7) for the 2010-2011 school year

1. Name _____

Date of Birth _____ School Presently Attending (if any) _____

Grade Applying For (check one box only):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Kindergarten (age 5) | <input type="checkbox"/> Gr 6 | <input type="checkbox"/> Pre K Mon - Fri Full Day (age 4) | <input type="checkbox"/> Montessori PreSchool Mon – Fri Morning (ages 3, 4, 5) |
| <input type="checkbox"/> Gr 1 | <input type="checkbox"/> Gr 7 | | <input type="checkbox"/> Montessori PreSchool Mon – Fri Full Day (ages 4 and 5) |
| <input type="checkbox"/> Gr 2 | | <input type="checkbox"/> Pre K Mon - Fri Full Day + Extended Care (age 4) | <input type="checkbox"/> Montessori PreSchool M-F Full Day + Extended Care (ages 4 and 5) |
| <input type="checkbox"/> Gr 3 | <input type="checkbox"/> Pre School Mon - Tues Half day (age 3) | | |
| <input type="checkbox"/> Gr 4 | <input type="checkbox"/> Pre K Wed - Fri Half Day (age 4) | | |
| <input type="checkbox"/> Gr 5 | | | |
-

2. Name _____

Date of Birth _____ School Presently Attending (if any) _____

Grade Applying For (check one box only):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Kindergarten (age 5) | <input type="checkbox"/> Gr 6 | <input type="checkbox"/> Pre K Mon - Fri Full Day (age 4) | <input type="checkbox"/> Montessori PreSchool Mon – Fri Morning (ages 3, 4, 5) |
| <input type="checkbox"/> Gr 1 | <input type="checkbox"/> Gr 7 | | <input type="checkbox"/> Montessori PreSchool Mon – Fri Full Day (ages 4 and 5) |
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| <input type="checkbox"/> Gr 4 | <input type="checkbox"/> Pre K Wed - Fri Half Day (age 4) | | |
| <input type="checkbox"/> Gr 5 | | | |
-

3. Name _____

Date of Birth _____ School Presently Attending (if any) _____

Grade Applying For (check one box only):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Kindergarten (age 5) | <input type="checkbox"/> Gr 6 | <input type="checkbox"/> Pre K Mon - Fri Full Day (age 4) | <input type="checkbox"/> Montessori PreSchool Mon – Fri Morning (ages 3, 4, 5) |
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| <input type="checkbox"/> Gr 3 | <input type="checkbox"/> Pre School Mon - Tues Half day (age 3) | | |
| <input type="checkbox"/> Gr 4 | <input type="checkbox"/> Pre K Wed - Fri Half Day (age 4) | | |
| <input type="checkbox"/> Gr 5 | | | |
-

4. Name _____

Date of Birth _____ School Presently Attending (if any) _____

Grade Applying For (check one box only):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Kindergarten (age 5) | <input type="checkbox"/> Gr 7 | <input type="checkbox"/> Pre K Mon - Fri Full Day (age 4) | <input type="checkbox"/> Montessori PreSchool Mon – Fri Morning (ages 3, 4, 5) |
| <input type="checkbox"/> Gr 1 | <input type="checkbox"/> Pre School Mon - Tues Half day (age 3) | <input type="checkbox"/> Pre K Mon - Fri Full Day + Extended Care (age 4) | <input type="checkbox"/> Montessori PreSchool Mon – Fri Full Day (ages 4 and 5) |
| <input type="checkbox"/> Gr 2 | <input type="checkbox"/> Pre K Wed - Fri Half Day (age 4) | | <input type="checkbox"/> Montessori PreSchool M-F Full Day + Extended Care (ages 4 and 5) |
| <input type="checkbox"/> Gr 3 | | | |
| <input type="checkbox"/> Gr 4 | | | |
| <input type="checkbox"/> Gr 5 | | | |
| <input type="checkbox"/> Gr 6 | | | |

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