

# St. Ignatius Parish School

3330 S.E. 43<sup>rd</sup> Avenue  
Portland, OR 97206  
Telephone: 503-774-5533  
Fax: 503-788-1134

Principal: John Matcovich  
Website: [www.stignatiusschool.org](http://www.stignatiusschool.org)  
Email: [office@stignatiusschool.org](mailto:office@stignatiusschool.org)



## APPLICATION FOR ADMISSION

This application is to be completed in full by the applicant's parent or guardian and returned to St. Ignatius School. A non-refundable fee of \$25.00 should be enclosed with the application. Upon screening of your child and acceptance to St. Ignatius School, a registration packet and \$200.00 non-refundable fee must be completed in order to secure enrollment for the coming school year.

I have been referred by a current St. Ignatius School Family (Family Name \_\_\_\_\_)

**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) \_\_\_\_\_

**If applicable, list name/address/telephone/fax of previous school:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

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

Reason for Transfer \_\_\_\_\_

**A COPY of student's most current report card from previous school(s) MUST be attached to this application. These records may be obtained at the office of the current school.**

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

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2. Please tell us about your child. Include any information on student learning needs or health related issues.

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3. How/from whom did you hear about St. Ignatius School?

Current Family    Advertising    Website    Reader Board    Other \_\_\_\_\_

**Parents' Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only:	Date application received: _____	Time application received: _____
Application fee received:	<input type="checkbox"/> Yes <input type="checkbox"/> No   Amount \$ _____	Check No./Payment Type _____
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: _____