



10 Atwood Street • Wellesley, Massachusetts 02482 • 781- 235-1510 • www.stpaulschoolwellesley.org

Date _____

Applicant

Name _____
last first middle preferred name

Permanent Address _____ Telephone () _____
No. street area code

_____ city state zip code

Date of Birth ____/____/____ Place of Birth _____

Date of Baptism ____/____/____ Church _____ City _____ State _____

Date of First Eucharist ____/____/____ Church _____ City _____ State _____

Applying for Grade _____ K1 Full Day Program K1 Half Day Program

Family

Mother's Name _____
last first middle maiden name

Home Address _____
No. street city state zip code

Employer _____ Home Phone () _____
area code

Position _____ Business Phone () _____
area code

Business Address _____
No. street city state zip code

Email Address _____

Father's Name _____
last first middle

Home Address _____
No. street city state zip code

Employer _____ Home Phone () _____
area code

Position _____ Business Phone () _____
area code

Business Address _____
No. street city state zip code

Email Address _____

Maternal Grandparents' Names _____

Home Address _____

Paternal Grandparents' Names _____

Home Address _____

Religion of Parents _____
(Father) (Mother)

Registered and Contributing Member _____
Parish Name City State

Non-Catholic Family or not registered in any parish yes no

Name, address, email address and phone number listed in the school directory yes no

Transferring Students (only)

Name of School _____

School Address _____

School Telephone () _____

Reason for transfer _____

Please return the completed application with the \$200.00 non-refundable, tuition deposit fee to the School Office by February 1.

I understand I must submit all school transcripts, standardized test results, teacher recommendations, and evaluations.

Signature of Parent or Legal Guardian _____ Date _____