

St. Egbert Catholic School
1705 Evans Street
Morehead City, NC 28557
(252) 726-3418

APPLICATION FORM

DATE _____

Name _____ Telephone _____

 Last First Middle Name Called by _____

Age _____ Grade entering _____

Address _____

Sex : F () M ()

Place of Birth _____ Date of Birth _____

Father's Name _____ Occupation _____

Mother's Maiden Name _____ Occupation _____

Guardian's Name _____ Occupation _____

Father's Religion _____ Birthplace _____ Living _____

Mother's Religion _____ Birthplace _____ Living _____

Child's Baptismal Church _____

Location _____ Date _____

Child's First Communion Church _____

Location _____ Date _____

Registered Member of _____ Church

Location _____

Father's Business Address _____ Phone _____

Mother's Business Address _____ Phone _____

Guardian's Address _____ Phone _____

Family Doctor _____ Phone _____

School Last Attended _____ Address _____

Is Your Parent(s) an Alumni of St. Egbert School _____ When _____

Are You a Relative of an Alumni of St. Egbert School _____ When _____

If So Whom _____ Relationship _____

St. Egbert Catholic School's Policy in Order of Admissions:

1. Returning Students
2. Catholic Families
3. Siblings of Students-Present or Alumni
4. Children of Alumni
5. Students from the Community in Order of the Date Application is Received

Information Needed upon Acceptance:

1. Baptismal Certificate(If Catholic)
2. Birth Certificate
3. Certificate of Health
4. Immunization Record
5. School Fee

SCHOOL FEES ARE NON-REFUNDABLE