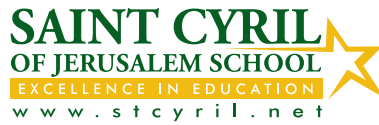


GENERAL APPLICATION



PARISH _____ DATE _____

If St. Cyril Parish, are you registered using Sunday Envelopes and participating in parish life? (Please circle) Y or N

PUPIL INFORMATION

LAST NAME	FIRST NAME	M.I.	SEX M F	BIRTHDATE MO/ DAY/ YR	BIRTHPLACE
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GRADE FOR WHICH APPLICANT IS ELIGIBLE _____

SCHOOL TRANSFER FROM _____

FAMILY INFORMATION

FATHER'S FIRST NAME	M.I.	LAST NAME	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS	DECEASED
MOTHER'S FIRST NAME	M.I.	LAST NAME	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS	DECEASED
GUARDIAN'S FIRST NAME	M.I.	LAST NAME	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS	DECEASED

RESIDENCE INFORMATION

ADDRESS (FATHER)	CITY	STATE	ZIP CODE
() TEL HOME	() TEL CELL	EMAIL ADDRESS	

ADDRESS (MOTHER)	CITY	STATE	ZIP CODE
() TEL HOME	() TEL CELL	EMAIL ADDRESS	

ADDRESS (GUARDIAN)	CITY	STATE	ZIP CODE
() TEL HOME	() TEL CELL	EMAIL ADDRESS	

SACRAMENTAL INFORMATION

BAPTISMAL DATE MO/ DAY/ YR	CHURCH	CITY	STATE	VERIFYING SIGNATURE
1 ST COMMUNION DATE MO/ DAY/ YR	CHURCH	CITY	STATE	VERIFYING SIGNATURE

X SIGNATURE

RELATIONSHIP