

St. Paul School
1789 Broad Street, Cranston, RI 02905
401-941-2030 FAX 401-941-0644 saintpaulschoolcranston.org
2024-2025 Application for Admission

Grade Entering _____ Reg. Paid: _____ Registration Date: _____

APPLICANT: Last Name: _____ First Name _____ Middle Name _____

Street Address: _____ Sex: Female or Male _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Date of Birth _____ City of Birth _____

I live with (both, one) parent (s). If one, which one? _____

and indicate if they are: Separated _____ Divorced _____ Deceased _____ Other _____

I live with Legal Guardian: _____ Proof of Guardianship: _____

Religion: _____ Registered Parish: _____

Baptism Date: _____ Place: _____

First Reconciliation Date: _____ Place: _____

First Eucharist Date: _____ Place: _____

MOTHER: Last Name: _____ First: _____ Maiden: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Religion: _____ Mother's E-Mail: _____ Home Telephone: _____

Business Name: _____ Occupation: _____ Cell Phone: _____

Business Address: _____ Business Telephone: _____

FATHER: Last Name: _____ First: _____ Middle: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Religion: _____ Father's E-Mail: _____ Home Telephone: _____

Business Name: _____ Occupation: _____ Cell Phone: _____

Business Address: _____ Business Telephone: _____

IF APPLICABLE: Guardian: Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Religion: _____ E Mail: _____ Home Telephone: _____

Business Name: _____ Occupation: _____ Cell Phone: _____

Business Address: _____ Business Telephone: _____

FINANCIAL RESPONSIBILITY

Name of Person responsible for tuition payments: _____

I hereby apply for re-admission to St. Paul School. I have enclosed the non-refundable registration fee of \$150.00 per child.

Please make all checks payable to St. Paul School.

SIGNATURE OF PARENT OR GUARDIAN: _____