

**St. Paul School**  
1789 Broad Street, Cranston, RI 02905  
401-941-2030 FAX 401-941-0644 saintpaulschoolcranston.org  
2021-2022 Application for Re-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: \_\_\_\_\_