



ASCENSION CATHOLIC SCHOOL
2950 N. Harbor City Blvd.
Melbourne, FL 32935
321-254-5495 Fax 321-259-0993



Applying for Grade _____ For School Year _____ Today's Date _____

Student's Name _____ Birth date _____

Student's Social Security Number _____ E-mail address _____

Address _____ City _____ Zip code _____

Home Phone _____ Father's Cell Phone _____ Mother's Cell Phone _____

School Last Attended _____ City/State _____

Student's Religion _____

Baptism _____
Church _____ City/State _____

Reconciliation Yes No Eucharist Yes No Confirmation Yes No

Has student been tested for any special education program? Yes No

If yes, please explain _____

Student lives with: ___both parents ___father ___mother ___guardian (Name)_____

Heritage: ___Black, not hispanic ___Hispanic ___American Indian ___Asian ___White ___Other

Family's Last Name _____

Father's First Name _____ Mother's First Name _____

F/Employment _____ M/Employment _____

Business phone _____ - _____ - _____ Ext _____ Business phone _____ - _____ - _____ Ext _____

F/Occupation _____ M/Occupation _____

F/Religion _____ M/Religion _____

Are you a member of Ascension Parish? Yes No Envelope Number _____

Tuition Rates

Category One are registered parishioners who attend Mass regularly (at least twice a month) and contribute to the parish through the envelope system.

Category Two is for all others who do not meet category one requirements

Your choice:

_____ Category One rate

_____ Category Two rate

List child's siblings and his/her birthdate _____

Is there a parent who does not have primary residential responsibility and/or custody? _____