



IONA GRAMMAR SCHOOL

173 STRATTON ROAD
NEW ROCHELLE, NEW YORK 10804
TELEPHONE: (914) 633-7744

APPLICATION FOR ADMISSION

Date _____ Applying for Grade _____

Student's Name _____ Social Security # _____
Last First

Age in Years _____ Date of Birth _____ Place of Birth _____

Complete Address _____ Zip _____

Telephone _____ Fax _____ Email _____

Religion _____ Present Parish _____

Baptismal Date _____ Place _____

First Penance Date _____ Place _____

First Holy Communion Date _____ Place _____

Confirmation Date _____ Place _____

Mother's Name _____

Permanent Address _____ Zip _____ Cell _____

Telephone _____ Cell _____ Email _____

Religion _____ Place of Birth _____

Occupation and Position _____

Name of Business Firm _____

Business Address _____ Zip _____

Telephone _____ Fax _____ Email _____

Father's Name _____

Permanent Address _____ Zip _____ Cell _____

Telephone _____ Cell _____ Email _____

Religion _____ Place of Birth _____

Occupation and Position _____

Name of Business Firm _____

Business Address _____ Zip _____

Telephone _____ Fax _____ Email _____

Name and complete address of present school _____

Telephone _____

Present Grade _____

Name of Head of School _____ Teacher _____

Other Schools Attended _____

Reasons for Leaving _____

Please indicate preferred mailing address (if other than home address) _____

Emergency Telephone _____ Contact Person _____

Name and Ages of Brothers and Sisters _____

Physical Handicaps _____

Language Spoken at Home _____

Are Parents Separated? _____ If so, with whom does the candidate live? _____

Relatives or Friends who have attended or who are attending Iona Grammar School (Name, Relationship, Class)

Please indicate preferred billing address (if other than home address) _____

Information you feel we should know _____

Please describe the reasons for choosing Iona Grammar School _____

Parent's Signature