

**Defiance Catholic School**  
**PROSPECTIVE STUDENT IN-TAKE FORM**

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Today's Date: \_\_\_\_\_ Time of Day: \_\_\_\_\_

**Description: Parishioner/Non-Parishioner/Transfer Student (please circle)**

**Information of Person Making Contact Today...**

First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

**Name(s) of child(ren).**

1. First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Expected Date of Entry \_\_\_\_\_

Year in School – Pre-K K 1 2 3 4 5 6

2. First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Expected Date of Entry \_\_\_\_\_

Year in School – Pre-K K 1 2 3 4 5 6

3. First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Expected Date of Entry \_\_\_\_\_

Year in School – Pre-K K 1 2 3 4 5 6

**How did you hear about Defiance Catholic School?**

Current student/family  Alumni  Mailing

Church Bulletin  Flyer  Radio

Newspaper (which one: \_\_\_\_\_)

Internet Web site  Other \_\_\_\_\_

**Who referred you? Who has spoken to you about DCS? Do you know anyone who attends?**

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**What are you most interested in knowing about Defiance Catholic School?**

Academic Program  Religious Education/Spiritual Opportunities

Discipline  Financial Assistance

Results of Standardized Tests  Facilities

Transportation  Extra Curricular Opportunities

Joining the Parish  Becoming Catholic

Other: \_\_\_\_\_

**Other Comments that are important to know relative to this family's interest:**

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**RETURN THIS REFERRAL FORM TO THE DCS OFFICE**

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