

Bishop Kelly High School

7009 Franklin Road • Boise, Idaho 83709
208-375-6010 • www.bk.org

FOR OFFICE USE ONLY

Tuition Contract: _____ Application Fee: _____
Class Request: _____ Received By: _____
Date: _____ Check #: _____

To be completed by parent or guardian. Please **PRINT** or type

Student's Full Legal Name: _____ Grade: _____
Last First MI (entering 2012)

Female Male

New Continuing

Name student prefers to go by: _____

Shirt Size: S M L XL

Home Phone Number: _____

Birth date: _____

Home Address: _____
Street City State Zip Code

Ethnic Background: Asian African-American Caucasian Pacific islander Native-American other (**circle one**)

Ethnic Identity: Hispanic or Latino _____ Non-Hispanic or Latino _____

Student lives with (parent or parents, guardian, relative): _____
(**circle one and list names**)

Catholic Non-Catholic If Catholic, Parish registered in: _____

Male Parent or Guardian's Last Name: _____ First: _____

Mailing title: (**circle one**) Mr./Mrs. Mr. Mrs. Ms. Dr.

Mailing Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell: _____

Employer: _____ Work Number: _____

Occupation: _____ Graduate of Bishop Kelly? Yes No
If yes, Class Year: _____

Internet Access: Yes No Email Address: _____

Female Parent or Guardian's Last Name: _____ First: _____

Mailing Title: (**circle one**) Mr./Mrs. Mr. Mrs. Ms. Dr.

Mailing Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell: _____

Employer: _____ Work Number: _____

Occupation: _____ Graduate of Bishop Kelly? Yes No
If yes, Class Year: _____

Internet Access: Yes No Email Address: _____

Person other than parent to contact in case of emergency: _____

Relationship to Student: _____ Phone: _____ (h) _____ (w)

PLEASE COMPLETE REVERSE SIDE

