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**Saint**  
**Maximilian Kolbe School**  
*A National Blue Ribbon School of Excellence*



St. Maximilian Kolbe School CARES Application Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Phone (preferred number) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

\_\_\_\_\_

Home Address (If different than above) \_\_\_\_\_

Telephone (if different than above) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Additional Cell Phone \_\_\_\_\_

Attached is my non-refundable registration fee of \$ 25.00 (Per Family) payable to: St. Maximilian Kolbe School

Parent/Guardian Signature \_\_\_\_\_