

  
**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 \_\_\_\_\_