



Inquiry Form
Saint Cecilia Catholic School
1310 Madison Avenue N
Bainbridge Island, WA 98110

Date:	We heard about SCCS from:	Inquiring for What School Year:
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Parents' Names:	Telephone:
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Email:	Address:
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Child's Name	Date of Birth	Grade / School Year ____ / ____
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Child's Name	Date of Birth	Grade / School Year ____ / ____
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Child's Name	Date of Birth	Grade / School Year ____ / ____
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Schools Previously Attended:

If Catholic, what parish? If not Catholic, please note your faith tradition:

Preferred Date for Classroom Visit (Wednesday or Thursday morning 9:30-11:30; other times/days by appointment): _____
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Please write a paragraph explaining why you want your child to attend St. Cecilia Catholic School:

Office Use Only:
Classroom Visit Date: _____ Time: _____ Enrolled: _____ Start Date: _____