Divine Wisdom Catholic Academy

APPLICATION FORM 2019-2020 ACADEMIC YEAR

GRADES K-8 – PERSONAL STATEMENT

STUDENT INFORMATION:

First Name: _____ Middle: _____ Last: _____

Check One: □ Male □ Female Birth Date: _____
mm/dd/yyyy

Family Name (if different than student's last name): _____

At Divine Wisdom Catholic Academy we believe that a child's education is a shared commitment. We strive to foster the bridge between home and school to ensure that each child receives a well rounded education that enables them to achieve their full potential. As partners in education please state how you feel Divine Wisdom Catholic Academy fits into the Academic, Social, and Spiritual educational goals for your child. (You may answer in the space provide below or on a separate sheet of paper).

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