



# Segura Initiative | Application

Student Name(s):

1. \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

2. \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

3. \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

4. \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

School currently attending: \_\_\_\_\_

Parent Name(s):

1. \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last) (First)

2. \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last) (First)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alt. number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you declare taxes?  Yes  No

Is the student applying to the school a first, second, or third generation Latin American?  Yes  No

Is your family Catholic?  Yes  No

Which parish do you attend? \_\_\_\_\_



Which Catholic school do you plan on registering for?

\_\_\_\_\_

What is your family's average yearly income? \_\_\_\_\_

What is the father/mother country of origin? \_\_\_\_\_

If accepted into this program, I, as a parent, agree to:

- Attend school meetings and participate in events organized by the school
- Participate in programs for parents
- Volunteer to serve Segura Initiative with my gifts if called upon to do so

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this application by FAX to :**

**Segura Educational Initiative for Children**

**FAX: 804.358.9159**