



2024 Application Form

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT SCHOOL _____ GRADE _____

PARENT(S) NAME _____

PARENT(S) PHONE _____ EMAIL _____

All information will be kept confidential.

By signing this form, you are certifying the accuracy of the information provided to the best of your knowledge and will update St Teresa of Avila if any information changes.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

**Return this completed form with your essay to
St Teresa of Avila parish office or email to office@stteresaavila.org.**



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