

**St. Louis de Montfort Catholic School  
Inquiry Request Information Form**

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

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

Child's Name \_\_\_\_\_

Current School \_\_\_\_\_

Birthday \_\_\_\_\_

Inquiring Grade \_\_\_\_\_

Child's Name \_\_\_\_\_

Current School \_\_\_\_\_

Birthday \_\_\_\_\_

Inquiring Grade \_\_\_\_\_

Child's Name \_\_\_\_\_

Current School \_\_\_\_\_

Birthday \_\_\_\_\_

Inquiring Grade \_\_\_\_\_

Parishioner Yes \_\_\_\_\_ No \_\_\_\_\_

Why are you seeking a Catholic education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

