



Please Print

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Student's Current School: _____

School Address: _____

City/State/ZIP: _____

School Telephone Number/Fax Number: _____

MY CHILD _____

has applied for admission to Notre Dame de Sion School of Kansas City for the _____ school year.

I hereby request that all educational data including grade cards, discipline reports, standardized testing results and immunization records be sent to:

Notre Dame de Sion School
Admissions Office
3823 Locust Street
Kansas City, MO 64109
Phone: 816.753.3810
Fax: 816.753.0806
Email: siondifference@ndsion.edu

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE