



### Student Application

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Date of Application \_\_\_\_\_

Grade Applying For \_\_\_\_\_

Birth Certificate # \_\_\_\_\_

#### Child's Information

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

| Sacrament                             | Date | Church | Location |
|---------------------------------------|------|--------|----------|
| <b>Baptism (certificate required)</b> |      |        |          |
| <b>Reconciliation</b>                 |      |        |          |
| <b>First Holy Communion</b>           |      |        |          |
| <b>Confirmation</b>                   |      |        |          |

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

#### Mother's Information

*Please circle*

Single

Married

Separated

Divorced

Deceased

Name \_\_\_\_\_  
Last First Maiden

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

#### Father's Information

*Please circle*

Single

Married

Separated

Divorced

Deceased

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_



## Student Application

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|   |  |
|---|--|
| <p><b>Custody of Child</b> (if applicable)</p> <p>Custodial Parent _____<br/> <small>Relationship</small></p> <p>Documentation _____</p> <p>Date provided _____</p> | <p><b>Guardianship of Child</b> (if applicable)</p> <p>Guardian _____<br/> <small>Name</small></p> <p>Relationship _____</p> <p>Documentation _____</p> <p>Date provided _____</p> |
|---|--|

|  |                         |                                       |  |
|--|-------------------------|---------------------------------------|--|
| <b>Child's Education</b>   |                         |                                       |  |
| Previous schools attended  |                         |                                       |  |
| Name   | Address                 | Grades Completed                      | Dates                                    |
|  |                         |                                       |  |
|  |                         |                                       |  |
|  |                         |                                       |  |
| <p>Child has been evaluated by the district <b>Committee on Special Education</b>.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Child has been evaluated by a private psychological or educational agency.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If answer to either or both statements above is <b>YES</b>, applicant must complete the following:</p>   |                         |                                       |  |
| Type of Evaluation   | Date of Evaluation      | Name of Agency                        | Contact Name and Phone                   |
| Educational  |                         |                                       |  |
| Psychological  |                         |                                       |  |
| Speech   |                         |                                       |  |
| Other _____  |                         |                                       |  |
| <p>If child has been seen by the public district <b>Committee on Special Education</b>, applicant must complete the following:</p> <p>1. Was an IEP ever generated?                                    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Copy Submitted _____<br/> <small style="margin-left: 150px;">Date</small></p> <p>2. Child has a <b>Section 504 Accommodation Plan</b>.    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Copy Submitted _____<br/> <small style="margin-left: 150px;">Date</small></p> |                         |                                       |  |
| District Name and #  | Date of most recent IEP | Date of Last Psychological Evaluation | Classification and Recommended Placement |
|  |                         |                                       |  |

I affirm that that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

|                                       |             |
|---------------------------------------|-------------|
| Signature of Parent or Guardian _____ | Date: _____ |
|---------------------------------------|-------------|