

Application for Admission

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Sacramental Information: (Please attach copy of Baptism documentation)

Baptism: _____
Date _____ Church _____ City & State _____

First Communion: _____
Date _____ Church _____ City & State _____

Confirmation: _____
Date _____ Church _____ City & State _____

Supplemental Information for New Students

Has your student been tested for learning disabilities? Yes:___ No:___ Date Tested: _____

If yes, please explain results: _____

Is there any pertinent medical, educational or psychological history that the school should be informed about? Yes ___ No___ If yes, please attach a sheet with explanation and include necessary documentation.

Does your student take any medication on a regular basis? Yes___ No___

If yes, please explain. _____

List all schools your student has attended in chronological order:

_____ State:_____ Years: _____ Grades: _____

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Has the applicant ever been suspended or dismissed for academic or disciplinary reasons from a previous school? Yes___ No___

If yes, please explain: _____

I certify that the information given in this application is complete and accurate.

Signature of parent or legal guardian

Date

Office Use Only

Financial

Registration/Application Fee Paid Date: _____ Check/Credit Card/Cash (circle one)

Curriculum Fee: _____ Tuition: _____

Forms Required

Birth Certif. ___ Physical Form (yellow) ___ Shot Record (blue) ___

Copy of SS Card ___ Emergency Card ___

Religious Baptismal Certif. ___