

2020-2021 Assumption Catholic School

Application for Admissions

SCHOOL OFFICE only	
Registration Fee Received:	
Check #	_____
Cash	_____
Date	_____
Initials	_____

**Please complete for each child in family applying*

STUDENT/FAMILY INFORMATION

Student Name: _____ Age: _____ Grade Entering: _____
(LAST) (FIRST) (M.I.)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Phone: _____ Date of Birth: ____/____/____ Gender: ☐ M ☐ F

Religion: ☐ Catholic ☐ Non-Catholic Place of Worship: _____
(NAME) (CITY)

U.S. Citizen: ☐ Yes ☐ No If No, please indicate birthplace: _____

Race: ☐ American Indian/Native Alaskan ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White ☐ 2 or more Races
(CITY) (STATE) (COUNTRY)

Ethnicity: (select one) ☐ Hispanic or Latino ☐ Non-Hispanic

Father/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Occupation: _____

Religion: ☐ Catholic ☐ Non-Catholic

Marital Status: _____

If divorced/separated, which parent has custody? _____

Student lives with: (select all that apply) ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other _____

Mother/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Occupation: _____

Religion: ☐ Catholic ☐ Non-Catholic

Marital Status: _____

Are visitation rights permitted to non-custodial parent? _____

SIBLINGS *If additional space is needed, please list on back.*

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

MEDICAL

Student's Pediatrician: _____
(NAME) (PHONE)

Student's Dentist: _____
(NAME) (PHONE)

Hospital Preference: _____
(NAME) (PHONE)

Vaccines Received	Physical Received	Other
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SCHOOL PREVIOUSLY ATTENDED

(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

SACRAMENTS

Has your child received the sacrament of Baptism: ☐ Yes ☐ No Reconciliation: ☐ Yes ☐ No Communion: ☐ Yes ☐ No

MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website.
(select one) ☐ Yes ☐ No

SPECIAL SERVICES*

Have you ever been invited to attend a PPT meeting for your child? ☐ Yes ☐ No Has your child ever had a/an: ☐ 504 Plan ☐ IEP

For students entering Pre-K or K: Has your child received services through Birth to 3? ☐ Yes ☐ No

**This information is necessary for teachers to plan for your child's success. Failure to disclose this information may halt an application and/or result in children being asked to transfer to receive services necessary for them to succeed.*

What language is spoken most often at home? _____

EMERGENCY CONTACTS (Non-Parent or Non-Guardian)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

OTHER

Did a family currently enrolled recommend our school to you? ☐ Yes _____ ☐ No
(FAMILY NAME)

Where else have you heard of Assumption Catholic School ? _____

NECESSARY PAPERWORK TO COMPLETE APPLICATION

Please include the following to complete the application and return to the school office:

☐ Copy of Birth Certificate ☐ Copy of Baptismal Certificate ☐ Student Records Release Form ☐ Medical Paperwork

Once accepted, a **non-refundable** \$200 registration fee/tuition deposit is due per family if returned by November 15, 2019. Thereafter \$300 (payable by cash, check or money order to Assumption Catholic School)

SIGNATURE

I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures as stated in the school handbook, including the tuition policy.

Parent/Guardian _____ Date _____