

Assumption Catholic School - SCHOOL YEAR - 2018-2019

605 Stratfield Road, Fairfield, CT 06825 PH: 203-334-6271



Applying to grade: _____ For PreK 3 ONLY indicate: _____ 5 Days _____ 3 Days (Mon-Wed) _____ 3 Days (Wed-Fri)

NAME OF APPLICANT: _____
(Last) (First) (Middle) (Date of Birth) (Sex) (City, State, Country of Birth)

ADDRESS: _____ Home Phone: _____
(Street) (City) (State) (Zip)

Mother's E-Mail Address: _____ Father's E-Mail Address: _____

Parish you are currently registered in and supporting: _____ City: _____ State: _____

Church of Marriage: _____ City: _____ State: _____

Applicant's:

Baptismal Date: _____ Church: _____ City: _____ State: _____

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

Confirmation Date: _____ Church: _____ City: _____ State: _____

Father's Name: _____ Address: _____ Cell Phone: _____ Religion: _____

Place of Employment: _____ Position: _____ Work Phone: _____

Mother's Name: _____ Address: _____ Cell Phone: _____ Religion: _____

Place of Employment: _____ Position: _____ Work Phone: _____

Who should receive all school correspondence (circle one): Mother Father Both Other: _____

Siblings (in order of Age):

Name Date of Birth

APPLICANT'S RACE:

___ White ___ Black

___ Multiracial ___ Asian

___ Amer. Indian/Native Alaskan

___ Native Hawaiian/Pacific Islander

APPLICANT'S RELIGION

___ Catholic ___ Non-Catholic

APPLICANT'S ETHNICITY

___ Non-Hispanic ___ Hispanic

APPLICANT'S CURRENT SCHOOL: _____ City: _____ Current Grade _____

Reason for leaving current school to attend Assumption Catholic School: _____

The following information is necessary for teachers to plan 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.

Have you ever been invited to a Planned Placement Team (PPT) meeting for your child? _____ Yes _____ No
Does your child have an Individual Education Plan (IEP)? _____ Yes _____ No
Does your child have a 504 Plan? _____ Yes _____ No
For students entering PreK, has your child received services through Birth to 3? _____ Yes _____ No

PLEASE INCLUDE THE FOLLOWING TO COMPLETE THE APPLICATION:

_____ \$200 Registration Fee# _____ Copy of Birth Certificate _____ Copy of Baptismal Certificate _____ Copies of School Records _____ Record Release Form

**Kindergarten & 1st Grade screening is mandatory. *Entrance testing administered by Assumption Catholic School may be required.*

Current health records and cumulative educational records including all special education material and teacher evaluations must be forwarded to the school office as soon as possible.

Application is not complete until all required information is submitted to the school.

#The Registration fee is refundable and not applied to tuition.

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. _____ Yes _____ No

AS PARENT/GUARDIAN, I AGREE TO SUPPORT THE SCHOOL'S POLICIES, RULES, AND STANDARDS IN THE PARENT/STUDENT HANDBOOK.

Signature: _____

Date: _____

Office Use Only

Received _____

Fee Paid _____

Accepted _____

Letter Sent _____

Denied _____

Letter Sent _____