



Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

Name of School _____ School Year _____ Applying for Grade _____ If PreK: 3yr old 2 day or 3 day
 Will student be the only child at this school? Yes No Oldest Child at this school? Yes No 4 yr old 4 day or 5 day
 If not oldest, name of oldest sibling at school _____ Grade _____

Student Data

Legal Name: Last _____ First _____ Middle _____

Nickname _____ Sex Male Female

Date of Birth ___/___/___ City, State, Country of Birth _____
(mm/dd/yyyy) (city) (state) (country)

Home Address _____ City _____ State _____ Zip _____

Home Phone ___-___-___ Email for official school communication _____

Primary language spoken in the home _____

Religion (check one): Catholic Other

For Catholic Applicants

	Date	Church	City and State
Baptism	___/___/___	_____	_____
Reconciliation	___/___/___	_____	_____
First Eucharist	___/___/___	_____	_____
Confirmation	___/___/___	_____	_____

Parish currently registered at: _____

Previous Schools Attended

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	_____-_____-_____
_____	_____	_____	_____	_____-_____-_____
_____	_____	_____	_____	_____-_____-_____

Public School System in which student resides _____

Public School Child Would Attend _____



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Family Background

Student Lives with: _____

Mother/Female Guardian

Father/Male Guardian

Full Name
Maiden Name
Country of Birth
Home Address
Home City, State, ZIP
Home Phone
Home Email
Cell Phone
Work Phone
Work Email
Occupation
Employer
Religion
Parish

[Blank lines for Father/Male Guardian information]

Marital Status (Circle) Married Separated Divorced*
Widowed Single Remarried

Married Separated Divorced*
Widowed Single Remarried

*Appropriate custody paperwork MUST be attached.

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Name and Address of person responsible for tuition/fees payment

Name _____

If not a parent or guardian listed above, please complete:

Home Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

To be considered for admission, the following documents must accompany this application:

1. Non-refundable application fee
2. Copy of Baptismal Certificate (Catholics only)
3. Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)
4. Immunization Record
5. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year)**
6. Current year's report card, including comments, **and** two (2) previous academic year's report cards (if applicable)
7. Current standardized test scores plus the two previous years, if available
8. If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
9. If applicable, provide a copy of your student's **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes, and/or a Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
10. If applicable, provide a copy of your student's custody decree.

I certify the information provided in this document to be true and accurate to the best of my knowledge.

_____ / / _____
 Printed Name of Parent/Guardian Date Signature of Parent/Guardian

Demographic Data

The following information is optional and confidential. This information is used for our applications for Federal Grants and submissions to the National Catholic Educational Association's annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

Student's ethnicity: Hispanic/Latino Other

Student's race: American Indian/Native Alaskan Native Hawaiian/Pacific Islander Black Asian White Multi-Racial

OFFICE USE ONLY:

Application Date _____ Date Accepted _____

<input type="checkbox"/> Application Fee	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Physical Form	<input type="checkbox"/> Report Cards
<input type="checkbox"/> Test Scores	<input type="checkbox"/> Scholastic Form	<input type="checkbox"/> Custody Decree	<input type="checkbox"/> Assessment/Interview		
<input type="checkbox"/> Confirmation of Parish Reg. Form	<input type="checkbox"/> In Parish	<input type="checkbox"/> Out of Parish	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other/Non-Catholic	
<input type="checkbox"/> 3 yr PreK	<input type="checkbox"/> 4 yr PreK	Viewed Original Birth Certificate: Initials _____ Date _____			

Teacher/Advisor _____