Name of School       School Year       Applying for Grade       If PreK:  3yr old 5 day ½ day / full day

Will student be the only child at this school?  Yes   No Oldest Child at this school?  Yes  No  4 yr old 5 day ½ day / full 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

**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

Marital Status (Circle) Married Separated Divorced\* Married Separated Divorced\*

Widowed Single Remarried Widowed Single Remarried

***\*Appropriate custody paperwork MUST be attached. \*Appropriate custody paperwork MUST be attached.***

**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

Application Fee  Baptismal Certificate  Birth Certificate  Immunization Record  Physical Form  Report Cards

Test Scores  Scholastic Form  Custody Decree  Assessment/Interview

Confirmation of Parish Reg. Form  In Parish  Out of Parish  Catholic  Other/Non-Catholic

3 yr PreK  4 yr PreK Viewed Original Birth Certificate: Initials       Date

Teacher/Advisor      