



# 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 / 3 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 AM or PM OR 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	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
Reconciliation	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
First Eucharist	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
Confirmation	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
Parish currently registered at:	_____		

**Previous Schools Attended**

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	<u>   </u> - <u>   </u> - <u>   </u>
_____	_____	_____	_____	<u>   </u> - <u>   </u> - <u>   </u>
_____	_____	_____	_____	<u>   </u> - <u>   </u> - <u>   </u>

Public School System in which student resides \_\_\_\_\_

Public School Child Would Attend \_\_\_\_\_



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## Family Background

Student Lives with: \_\_\_\_\_

### Mother/Female 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 \_\_\_\_\_

### Father/Male Guardian

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

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

Married Separated Divorced\*  
 Widowed Single Remarried

***\*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 \_\_\_\_\_



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**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 \_\_\_\_\_