



# Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

Name of School St. Andrew the Apostle School School Year \_\_\_\_\_ Applying for 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  Non-Catholic If Non-Catholic, please list denomination or religion: \_\_\_\_\_

**For Catholic Applicants**

	Date	Church	City and State
Baptism	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____

Reconciliation	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
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First Eucharist	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
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Confirmation	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
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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 \_\_\_\_\_

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?  Yes  No

*If yes, please provide the name of the school and explain the reasons on a separate sheet of paper.*

If applicable, please provide a copy of the child's **Individualized Education Plan (IEP)** or **504 Plan** and/or a copy of the **Special Education Child Study minutes** from base public school. If the student is transferring from another Catholic school within the Arlington Diocese where a **Student Assistance Plan (SAP)** has been written, please provide a copy of that plan. We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.



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## Family Background

Only child at this school?  Yes  No    Oldest Child at this school?  Yes  No

If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

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 \_\_\_\_\_

Marital Status (Circle) Married    Separated    Divorced\*

Widowed    Single    Remarried

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

### Father/Male Guardian

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

