



# Application for Admission

## St. Monica Catholic School

School Year \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Date \_\_\_\_\_

### STUDENT INFORMATION

Student's Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ (Please check one)

Student's Religion \_\_\_\_\_ Baptized \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Parish/Church \_\_\_\_\_

Home Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

Siblings Enrolled: Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Public School District \_\_\_\_\_

Public Elementary School your child would attend (PreK-5) \_\_\_\_\_

Public Middle School your child would attend (6-8) \_\_\_\_\_

(over)

**Parent Information**

**Mother** \_\_\_\_\_  
Last Name                      First Name                      M.I.                      Religion

**Father** \_\_\_\_\_  
Last Name                      First Name                      M.I.                      Religion

Preferred E-Mail Address \_\_\_\_\_ (Mother)

\_\_\_\_\_ (Father)

Mother's Phone Numbers \_\_\_\_\_ (Cell) \_\_\_\_\_ (work)

Father's Phone Numbers \_\_\_\_\_ (Cell) \_\_\_\_\_ (work)

Home Phone if different than cell phone numbers \_\_\_\_\_

Which parent should be contacted first (please check one) \_\_\_\_\_ Mother \_\_\_\_\_ Father

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Person Responsible for Tuition/Fee Payments** \_\_\_\_\_

Marital Status (Please check all that apply)

\_\_\_\_\_ Married    \_\_\_\_\_ Separated\*    \_\_\_\_\_ Divorced\*    \_\_\_\_\_ Single    \_\_\_\_\_ Widowed

\_\_\_\_\_ Mother Deceased    \_\_\_\_\_ Father Deceased    \_\_\_\_\_ Mother Remarried    \_\_\_\_\_ Father Remarried

\*Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicants **must sign this form.**

**Parent Information Continued**

Student lives with \_\_\_\_\_ Mother and Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
\_\_\_\_\_ Guardian

**\*\*\*Legal Guardian (Please complete information below)\*\*\***

**If NOT Mother or Father**

Full Name \_\_\_\_\_

Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Emergency Contact Information**

Please list the name of two adults who should be contacted in the event of any emergency if the parents listed above cannot be reached.

Contact #1 \_\_\_\_\_

Relation to Student \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Contact #2 \_\_\_\_\_

Relation to Student \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

(over)

### Student Background Information

Subject to the review and approval of the principal, students with special needs may be permitted to attend archdiocesan schools; however, parents must provide accurate and complete information regarding the applicant's needs to assist schools in determining whether reasonable accommodations can be made.

Has your child received special services from a professional (e.g. counselor, speech therapist, special education teacher)?

No  Yes, Briefly describe the type of service, length of service, and if it discontinued, a reason for discontinuation: \_\_\_\_\_

\_\_\_\_\_

Does your child need accommodations to be successful in school?  No  Yes

If yes, please explain briefly (other forms will be required):

\_\_\_\_\_

Does your child need any particular academic enrichment in order to be successful in school?

No  Yes, Please list: \_\_\_\_\_

Does your child have any diagnosed allergies?  No  Yes, please list (other forms will be required): \_\_\_\_\_

Will your child require medication during the school day  No  Yes

If yes, please explain briefly (other forms will be required):

\_\_\_\_\_

Medical Diagnosis: Please check all that apply:

No known medical conditions  \*Diagnosed condition (specify) \_\_\_\_\_

No existing physical disability  \*Identified disability (specify) \_\_\_\_\_

No known learning disorder  \*Identified disorder (specify) \_\_\_\_\_

\*Who/what agency provided the diagnostic testing? \_\_\_\_\_

Please provide copies of any completed diagnostic work, evaluations or specialized plans that have been developed for your child in the past, which may include psycho-educational evaluations, an Individual Education Plan (IEP), a 504 plan, testing for gifted and talented programs or any similar documents. Although archdiocesan catholic schools are not required to implement public schools' education plans, principals may determine the school is able to provide reasonable accommodations in some circumstances.

**For All Applicants**

The following information is optional but helpful when completing census data for grants and the National Catholic Education Association (NCEA) Data Bank. This information is not used in any way to determine admission.

Ethnicity of Student: Please check one of the following

Native American    Asian    Black    Hispanic    Native Hawaiian/Pacific Islander  
 White    Multiracial    Unknown    Other

**For Catholic Applicants Only**

Current Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Sacramental records:

Baptism	_____	_____	_____	_____
	Date	Church	City	State
Reconciliation	_____	_____	_____	_____
	Date	Church	City	State
First Eucharist	_____	_____	_____	_____
	Date	Church	City	State
Confirmation	_____	_____	_____	_____
	Date	Church	City	State

**Transferring Student:** Is the student transferring from another Catholic School?  Yes  No

\_\_\_\_\_

Dates attended	School Name	City	Phone #	Grade Avg.
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Dates attended	School Name	City	Phone #	Grade Avg.
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