



Application for Admission

St. Monica Catholic School

School Year _____ Applying for Grade: Kindergarten

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-4) _____

Public Middle School your child would attend (5-8) _____

(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.
----------------	-------------	------	---------	------------

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