



# 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>	_____	_____

Reconciliation	<u>   /   /   </u>	_____	_____
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First Eucharist	<u>   /   /   </u>	_____	_____
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Confirmation	<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**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. Copy of Baptismal Certificate (Catholics only)
2. Immunization Record
3. Current year’s report card, including comments, **and** two (2) previous academic year’s report cards (if applicable)
4. Current standardized test scores plus the two previous years, if available
5. Copy of custody decree (if applicable)
6. 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.)
7. Non-refundable application fee
8. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year)**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 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 \_\_\_\_\_ Application Fee \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_ Immunization Record \_\_\_\_\_ Physical Form \_\_\_\_\_

Custody Decree \_\_\_\_\_ Report Cards \_\_\_\_\_ Test Scores \_\_\_\_\_

Scholastic Form \_\_\_\_\_ Assessment/Interview \_\_\_\_\_ Confirmation of Parish Reg. Form \_\_\_\_\_

In Parish \_\_\_\_\_ Out of Parish \_\_\_\_\_ Non Catholic \_\_\_\_\_

Date Accepted \_\_\_\_\_ Grade/Room Number \_\_\_\_\_ / \_\_\_\_\_ Teacher/Advisor \_\_\_\_\_ / \_\_\_\_\_