



Diocese of Arlington
Application for Admission

Name of School School Year Applying for Grade

STUDENT DATA

Legal Name: Last First Middle

Nickname Sex M F

Date of Birth City & State of Birth

Country of Birth (if outside United States of America)

Home Address City State Zip

Home Telephone

Public School System in which student resides Public School Child Would Attend

Email where official school communication can be sent

Check all that apply:

Only Child at this school? Oldest Child at this school? If not oldest, name of oldest sibling at school Grade

Previous Schools Attended:

Table with 5 columns: Name of School, Dates, Grades, Location, Telephone

Religion: Baptized? yes no

For Catholic Applicants:

Table with 3 columns: Sacrament, Date, Church, City and State

Family Background

Table with 3 columns: Field, Mother, Father



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Name and Address of person responsible for tuition/fees payment:

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status:

- Married                       Single                       Separated                       Divorced\*  
 Mother deceased                       Father deceased                       Father remarried                       Mother remarried

*\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

Grandparent Information:

Paternal: Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maternal: Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with:  Both Parents     Mother     Father     Guardian (if checked, fill out below)

Guardian Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?

yes     no    If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition?

yes     no

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.



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The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child:

- American Indian/Native Alaskan
Asian
Black
Hispanic
Native Hawaiian/Pacific Islander
White
Multi-Racial
All Others

To be considered for admission, the following documents, including a non-refundable application fee, must accompany this application:

- 1. Copy of Baptismal Certificate (Catholics only)
2. Immunization record
3. Copy of custody decree (if applicable)
4. Copy of birth certificate must be presented to school personnel for verification
5. Current report card including comments and the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available
7. A 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

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 Registration Form
In Parish Out of Parish Non Catholic
Date Accepted Grade/Room Number Teacher/Advisor