



# Diocese of Arlington Application for Admission

PreK - circle one choice:  
PreK 3: 5 day half day 5 day full day  
PreK 4: 5 day half day 5 day full day

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 \_\_\_\_\_  
(mm/dd/yyyy)

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?  yes  no Oldest Child at this school?  yes  no  
If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

## Previous Schools Attended:

<u>Name of School</u>	<u>Dates</u>	<u>Grades</u>	<u>Location</u>	<u>Telephone</u>
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____

Religion: \_\_\_\_\_ Baptized?  yes  no

<b>For Catholic Applicants:</b>	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	___/___/___	_____	_____
Reconciliation	___/___/___	_____	_____
First Eucharist	___/___/___	_____	_____
Confirmation	___/___/___	_____	_____

## Family Background

	<u>Mother</u>	<u>Father</u>
Full Name	_____	_____
Maiden Name	_____	_____
Country of Birth (if outside USA)	_____	_____
Home Address	_____	_____
Home City, State, ZIP	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work Email	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____
Parish	_____	_____
Primary language spoken in the home	_____	_____



Diocese of Arlington
Application for Admission

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 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.

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.



Diocese of Arlington
Application for Admission

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