



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: Date, Church, City and State. Rows for Baptism, Reconciliation, First Eucharist, Confirmation

Family Background

Table with 3 columns: Mother, Father. Rows for Full Name, Maiden Name, Country of Birth, Home Address, Home City, State, ZIP, Home Phone, Cell Phone, Work Phone, Work Email, Occupation, Employer, Religion, Parish, Primary language spoken in the home



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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 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.



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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

TUITION STATUS FORM

Family Last Name: _____

Parents'/Guardians' Names: _____

Student Names: _____

Address: _____

Home Phone: _____

Father's Work: _____

Mother's Work: _____

If Catholic, what parish* are you registered in? _____

**If registered in another parish, a Parish Registration Status Form must be submitted.*

OUT OF PARISH REGISTRATION STATUS FORM

I hereby certify that _____ are registered and

(Name)

participating members of _____

(Parish)

(Pastor)

(Date)

MEDICAL INFORMATION

Does your child have any medical, physical, or psychological concerns that his/her teacher should be aware of? Yes _____ No _____

If yes, please describe: _____

Does your child regularly take prescription medication? Yes _____ No _____

If yes, please describe: _____

Virginia State Health Guidelines dictate that all students must have current immunizations, a tuberculosis screening, and a Commonwealth of Virginia School Entrance Health form. You can obtain VA Health forms on the Arlington Diocese website or by contacting your doctor's office directly.

Are there any concerns or information about your child that you feel would be helpful to his/her teacher? _____
