



# Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

Name of School \_\_\_\_\_ School Year \_\_\_\_\_ Applying for Grade \_\_\_\_\_ PreK:  3 Year Old (Half Day **ONLY**)  
 4 Year Old  ½ Day  Full Day

Will student be the 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 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  Other

### **For Catholic Applicants**

Baptism Date \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_ City and State \_\_\_\_\_

Reconciliation \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

First Eucharist \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Confirmation \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

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 \_\_\_\_\_



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Family Background

Student Lives with: \_\_\_\_\_

Mother/Female Guardian

Father/Male 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
Parish

Blank lines for Father/Male Guardian information

Marital Status (Circle) Married Separated Divorced\*
Widowed Single Remarried

Married Separated Divorced\*
Widowed Single Remarried

\*Appropriate custody paperwork MUST be attached.

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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 \_\_\_\_\_

**To be considered for admission, the following documents must accompany this application:**

1. Non-refundable application fee
2. Copy of Baptismal Certificate (Catholics only)
3. 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.)
4. Immunization Record
5. Commonwealth of Virginia School Entrance Health Form (**Must be submitted prior to beginning of school year**)
6. Current year's report card, including comments, **and** two (2) previous academic year's report cards (if applicable)
7. Current standardized test scores plus the two previous years, if available
8. If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
9. If applicable, provide a copy of your student's **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes, and/or a Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
10. If applicable, provide a copy of your student's custody decree.

I certify the information provided in this document to be true and accurate to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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 \_\_\_\_\_                      Date Accepted \_\_\_\_\_

Application Fee     Baptismal Certificate     Birth Certificate     Immunization Record     Physical Form     Report Cards

Test Scores     Scholastic Form     Custody Decree     Assessment/Interview

Confirmation of Parish Reg. Form     In Parish     Out of Parish     Catholic     Other/Non-Catholic

½ Day PreK     Full Day PreK    Grade \_\_\_\_\_    Room Number \_\_\_\_\_

Teacher/Advisor \_\_\_\_\_