Diocese of Arlington Catholic Schools
Office of Catholic Schools

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 ___/___/_____ (mm/dd/yyyy) City, State, Country of Birth _____ (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

	Date	Church	City and State
Baptism	___/___/_____	_____	_____
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		
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 _____

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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 _____