

St. Augustine Catholic School

1421 "V" Street, Northwest
Washington, DC 20009

Telephone (202) 667-2608 / Facsimile (202) 667-2610

Father Patrick A. Smith, Pastor

Sister Gloria Agumagu, HHCJ, Principal

APPLICATION FORM

Student Information:

Student's name: _____ Grade Entering: _____
Last name First Middle Initial

Student's Social Security Number _____ - _____ - _____ Student's Date of Birth: ____/____/____
Place of Birth _____

Student's Street Address: _____ Home Phone Number: _____
_____(_____)_____
City, State Zip Code Primary language spoken in home: _____

Last School Attended:

Name of last school: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Grade when leaving this school: _____ Dates attended: _____
Reason for leaving current school? _____
Does your child have special learning needs? _____ Yes _____ No
If yes, Please explain: _____
Does your child have an IEP or Service Plan? _____ Yes _____ No
If yes, Please explain: _____
How did you hear about us? _____ Referral, _____ Friend, _____ Alumni, _____ Advertising _____ Parishioner
Did you attend St. Augustine School for one (1) or more years? _____ Yes _____ No Graduated _____ Yes _____ No

Parent or Guardian Information:

Father's Name _____ Home Phone: _____
_____(_____)_____

Home Address _____ Work Phone: _____(_____)_____

Email: _____@_____ [I would like to receive school news letters, etc. by email? **yes** **no**]

Education: _____ Occupation: _____ Cell Number : _____
_____(_____)_____

Mother's Name _____ Home Phone: _____
_____(_____)_____

Home Address _____ Work Phone: _____(_____)_____

Email: _____@_____ [I would like to receive school news letters, etc. by email? **yes** **no**]

Education: _____ Occupation: _____ Cell Number : _____
_____(_____)_____

Guardian's Name _____ Home Phone: _____
_____(_____)_____

(If not living with parent)

Home Address _____ Work Phone: _____
_____(_____)_____

Education: _____ Occupation: _____

Cell Number : _____

(_____) _____

Please list Brothers & Sisters enrolled at St. Augustine Catholic School:

Name: _____

Date of Birth: _____

Grade: _____

Name: _____

Date of Birth: _____

Grade: _____

Name: _____

Date of Birth: _____

Grade: _____

Parent's/Guardian's Signature

Date