



APPLICATION FOR ADMISSION

ARCHDIOCESE OF WASHINGTON – Catholic Schools Office

School Name: Saint Augustine Catholic School Date: _____

School Year: 2012-2013 Applying for Grade: _____

Applicant Information

Student Name: _____
Last First M.I. (Jr., III)

Sex: Male Female Date of Birth: _____
mm/dd/yyyy

Place of Birth: _____
City State Country

Home Address: _____
Street Address Suite #

_____ *City State ZIP Code*

Email Address: _____
Please provide an email address where all official school communication may be sent.

Sibling(s) Enrolled: _____
Name Grade

_____ *Name Grade*

Religion: _____ Baptized: YES NO

Local Public School System: _____

Local Public School Child Would Attend: _____

The following information is optional but helpful when completing census data for grants and the National Catholic Education Association (NCEA) Data Bank. This information is not used in any way to determine admission.

Ethnicity of Student: *Please check ✓ one of the following*

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: |

Family Information

Mother

Father

Full Name		
Maiden Name		
Country of Birth		
Home Address		
Home Phone	() -	() -
Cell Phone	() -	() -
Preferred Email		
Occupation		
Employer		
Work Phone	() - Ext.	() - Ext.
Religion		
Parish/Church		

Parents' Marital Status: Single Married Separated* Divorced*
Please check all that apply Mother Deceased Mother Remarried Father Deceased Father Remarried

*** NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

Student lives with: Mother and Father Mother Only Father Only
 Legal Guardian (*Please complete the information below*):

Full Name	
Country of Birth	
Home Address	
Home Phone	() -
Cell Phone	() -
Preferred Email	
Occupation	
Employer	
Work Phone	() - Ext.
Religion	
Parish/Church	

Person responsible for Tuition/Fee Payments: _____

Emergency Contact Information

Please list the names of two adults who should be contacted in the event of an emergency if parents listed above cannot be reached

Contact #1:

Relation to Student: _____
Last _____ *First* _____ *M.I.* _____ *(Jr., III)*
Email Address: _____

Home Address:

_____ *Street Address* _____ *Suite #*

Home Phone _____ *City* _____ *State* _____ *ZIP Code*
() - Other Phone () - **Ext.**

Contact #2:

Relation to Student: _____
Last _____ *First* _____ *M.I.* _____ *(Jr., III)*
Email Address: _____

Home Address:

_____ *Street Address* _____ *Suite #*

Home Phone _____ *City* _____ *State* _____ *ZIP Code*
() - Other Phone () - **Ext.**

Student Background Information

Subject to the review and approval of the principal, students with special needs may be permitted to attend archdiocesan schools; however, parents must provide accurate and complete information regarding the applicant's needs to assist schools in determining whether reasonable accommodations can be made.

Has your child received special services from a professional (e.g. counselor, speech therapist, special education teacher)?

NO YES, Briefly describe the type of service, length of service, and if it discontinued, a reason for discontinuation:

Does your child need accommodations to be successful in school? NO YES

If yes, please explain briefly (other forms will be required):

Does your child need any particular academic enrichment in order to successful in school? NO YES, Please list:

Does your child have any diagnosed allergies? NO YES

If yes, please list (other forms will be required):

Will your child require medication to be administered during the school day? NO YES

If yes, please explain briefly (other forms will be required):

Medical Diagnosis: *Please check all that apply:*

No known medical conditions

Diagnosed Condition (specify): _____

Physical Disability:

No existing physical disability

Identified Disability (specify): _____

Learning Disorder:

No known learning disorder

Identified Disorder (specify): _____

Please provide copies of any completed diagnostic work, evaluations or specialized plans that have been developed for your child in the past, which may include psycho-educational evaluations, speech & language evaluations, an Individualized Educational Plan (IEP), a 504 plan, testing for Gifted

and Talented Programs or any similar documents. Although archdiocesan Catholic Schools are not required to implement public schools' special education plans, principals may determine the school is able provide reasonable accommodations in some circumstances.

Home Language Survey

Primary language(s) spoken in student's household: _____ Does primary guardian speak English? YES NO

Is the Student Bi-Lingual? NO YES _____ Does the student spend significant time with a non-English speaking caregiver? YES NO

NOTE: All of the Student Background Information and the Home Language Survey is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education and reasonable accommodations. It will not be considered in determining if he/she is otherwise qualified for admission. Submitting documentation of a disability in no way obligates the Catholic school to fulfill the student's documented needs.

For Catholic Applicants Only

Current Parish: _____ Pastor: _____

Sacramental Records: <i>Fully complete each section pertaining to Sacrament(s) the student has received.</i>	Baptism:	_____	_____	_____	_____
		<i>Date</i>	<i>Church</i>	<i>City</i>	<i>State</i>
	Reconciliation:	_____	_____	_____	_____
		<i>Date</i>	<i>Church</i>	<i>City</i>	<i>State</i>
First Eucharist:	_____	_____	_____	_____	
	<i>Date</i>	<i>Church</i>	<i>City</i>	<i>State</i>	
Confirmation:	_____	_____	_____	_____	
	<i>Date</i>	<i>Church</i>	<i>City</i>	<i>State</i>	

Transferring Student: Is the student transferring from another Catholic school? YES NO

If YES, Previous School(s) Attended:	_____	_____	_____	_____	_____
	<i>Dates Attended</i>	<i>School Name</i>	<i>City</i>	<i>Phone Number</i>	<i>Grade Avg</i>
	_____	_____	_____	_____	_____
	<i>Dates Attended</i>	<i>School Name</i>	<i>City</i>	<i>Phone Number</i>	<i>Grade Avg</i>

Parent/Guardian Acknowledgment

I/We, the undersigned parent(s), understand and acknowledge that in the event that an Archdiocesan Catholic elementary school receives more qualified applicants than it has the capacity to accommodate, students shall be admitted in the following priority: Catholic students in the order in which they submit completed applications prior to the posted deadline; non-Catholic students in the order in which they submit completed applications prior to the posted deadline; all other students in the order in which they submit completed application after the posted deadline. I/We understand and acknowledge that all applicants shall follow all applicable policies and procedures regarding school-based entrance requirements, including, but not limited to, health examinations and immunizations, before admission may be finalized. Upon admission, all students in Catholic schools in the Archdiocese are to be immunized in accordance with the immunization requirements and the guidelines of the Archdiocese. Exemptions are provided only on a temporary basis to those with a physician-documented medical contraindication.

I/We understand and acknowledge that the admission, instruction and retention of students with disabilities, students with special needs, and students who are English Language Learners cannot be guaranteed. Whether reasonable accommodations can be made for such students is determined on an individual basis and is in the sole discretion of the school's chief administrator (principal) in consultation with the Catholic Schools Office.

I/We understand and acknowledge the Roman Catholic religious nature of the school to which our child is applying. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/We will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the applicant shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the applicant, we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and **Saint Augustine Catholic School**. I/We hereby confirm that the following documents, required to be considered for admission, including the non-refundable application fee of **\$350.00**, accompany this application:

<u>ALL STUDENT APPLICANTS</u>	<u>TRANSFER STUDENT APPLICANTS ONLY</u>
<input type="checkbox"/> Non-Refundable Application Fee of \$350.00	<input type="checkbox"/> Current standardized test scores plus the two previous years' scores
<input type="checkbox"/> Copy of Valid Age Birth Certificate <i>(Passport, Green Card, or Government Issued Identification)</i>	<input type="checkbox"/> Current report card including comments and the two previous years' report cards
<input type="checkbox"/> Archdiocese of Washington Immunization Policy Acknowledgment and All Attachments <i>(Required for Admission)</i>	
<input type="checkbox"/> Copy of Baptismal Certificate <i>(Catholics only)</i>	
<input type="checkbox"/> Allergy Agreement and Action Plan <i>(If Applicable)</i>	
<input type="checkbox"/> Copy of custody order, or other applicable court orders <i>(If Applicable)</i>	
<input type="checkbox"/> All relevant evaluations/assessments and previous special education plans <i>(If Applicable)</i>	

I/We hereby acknowledge that all the information contained in this application and its accompanying documents is accurate and truthful. I/We agree to pay all of applicant's tuition and fees when due.

Names of Parents/Guardians: _____
Mother *Father*

Signatures: _____
Sign and date *Sign and date*

*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

STUDENT APPLICATION REVIEW FORM

OFFICE USE ONLY

Applicant Name: _____
Last *First*

Principals: Applications are not reviewed until application fee is paid and ALL documentation received, except immunization documentation is due by first day of school.

Applications must be signed by both parents. If parents are not married, all persons with legal authority to make educational and religious decisions on behalf of the applicant must sign the application.

Check ✓ and Date when each item is received and verified

- Application Received: _____
- Application Fee Paid: _____
- Baptismal Certificate: _____
- Immunization Documents: _____
- Birth Certificate: _____

If Applicable:

- Allergy Agreement : _____
- Custody Decree: _____

Transfer Students ONLY:

- Report Cards: _____
- Test Scores: _____
- TerraNova ID Transferred: _____
- Admissions Interview Completed: _____

RELIGION: Catholic Non-Catholic: _____

TUITION: Catholic Out-of-Parish

Parish Registration Form: _____

STATUS: Accepted: _____ Denied: _____

Grade: _____ Room Number: _____

Homeroom Teacher: _____

PERSON RESPONSIBLE FOR TUITION/FEE PAYMENT

Name: _____

Address: _____

Phone Number: _____

NOTES: _____
