

Saint Luke Catholic School
Application for Admission
Kindergarten
Applying for School Year 20__ - 20__

STUDENT DATA

Legal Name: Last _____ First _____ Middle _____ Nickname _____

Sex _____ Social Security Number _____ Date of Birth _____ City & State of Birth _____

Country of Birth (if outside the 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: _____ Religion _____

Check all that apply: Only Child at Saint Luke's? yes no Oldest Child at Saint Luke's? yes no
 If not oldest, name of oldest sibling at Saint Luke's _____ Grade _____

For Catholic Applicants:	Date	Church	City and State
Baptism	_____	_____	_____

OFFICE USE ONLY:

Application Date _____

Baptismal Certificate _____

Scholastic Form _____

Confirmation of Parish Registration _____

Non-Catholic _____

Date Accepted _____

Application Fee _____

Immunization Record _____

Custody Decree _____

In Parish _____

Assessment _____

Grade/Room _____

Birth Certificate _____

Physical Form _____

Out of Parish _____

Parent Observation Form _____

Teacher _____

Family Background

	Mother	Father
Full Name	_____	_____
Maiden Name	_____	
Country of Birth (if outside United States)	_____	_____
Home Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work Email Address	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____
Parish	_____	_____
Primary language spoken in the home	_____	_____

Name and Address of person responsible for tuition/fees payment:

Name _____
Address _____

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 _____ Address: _____ Phone: _____

Maternal: Name _____ Address: _____ Phone: _____

Student lives with: Both Parents Mother Father Guardian (if checked, fill out below)

Guardian Name _____ Home Phone _____ Cell Phone _____

Address _____

Occupation _____ Employer _____ Work Phone _____

Religion _____ Parish _____

Has your child ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, English as a Second Language, Emotional Disabilities, etc.] or medical condition? ٢ Yes ٢ 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 applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

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. We may request additional information from you and from an appropriate health professional.

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 or she is otherwise qualified for admission.

The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child: Black Hispanic Asian American Indian/Native Alaskan
 Native Hawaiian/Pacific Islander White Multi-Racial All Others

Previous Preschools Attended:

Name of School	Dates	Grades	Location	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To be considered for admission, the following documents, including a \$300.00 non-refundable application fee, must accompany this application:

1. Copy of Baptismal Certificate (Catholics only)
2. Copy of birth certificate
3. Immunization record
4. Copy of Custody decree (if applicable)
5. A non-refundable application fee of \$300 per child, payable to "Saint Luke School"
6. Parent Observation Form
7. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year)**

Please Note: SCHOLASTIC INFORMATION FORM must be mailed or faxed to Saint Luke Catholic School by the child's current school. CONFIRMATION OF PARISH REGISTRATION AND PARTICIPATION FORM must be submitted for all Catholic applicants.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian