



Diocese of Arlington Application for Admission

Name of School: Saint Luke Catholic School, Preschool Program School Year: _____

Applying for: 3 / 4 Year Old Mon-Fri AM Class 3 / 4 Year Old Mon/Wed/Fri AM Class
3 / 4 Year Old Tue/Thu AM Class 4 Year Old Mon-Fri Full Day Class

STUDENT DATA

Legal Name: Last: _____ First: _____ Middle: _____ Nickname: _____

Sex: Social Security Number(Optional): _____ Date of Birth: _____ City & State of Birth: _____
(mm/dd/yy)

Country of Birth (if outside the United States of America): _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Primary Email for Official School Communication: _____

Public School System in which student resides: _____ Public School Child Would Attend: _____

Religion: _____

Baptized: Yes No

If yes, Date: _____ Church: _____ City & State: _____

Check all that apply: Only Child at this School? Yes No Oldest Child at this School? Yes No

If not oldest, name of oldest sibling at this school: _____ Grade: _____

Other Siblings Ages and Schools Presently Attending:

Name	Age	Name of School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY: Date Received: _____ Date Enrolled: _____ Date Departed: _____

Previous or Current Schools/Programs Attended:

Name of School	City & State	Dates	Grade/Type of Program
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY BACKGROUND

Full Name	_____	Mother	_____	Father	_____
Maiden Name	_____		_____		_____
Country of Birth	_____		_____		_____
Home Address	_____		_____		_____
Home Phone	_____		_____		_____
Cell Phone	_____		_____		_____
Work Phone	_____		_____		_____
Work Email	_____		_____		_____
Occupation	_____		_____		_____
Employer	_____		_____		_____
Religion	_____		_____		_____
Parish	_____		_____		_____
Primary Language	_____		_____		_____

Name and Address of person responsible for tuition/fee payments:

Name: _____
Address: _____

Marital Status: Married Single Separated Divorced*
 Mother Deceased Father Deceased Mother Remarried Father Remarried

*NOTE: If the event of 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:

Maternal

Paternal

Name: _____
Address: _____
Phone: _____
Email: _____

Student lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian (fill out below)

Guardian Name: _____ Home Phone: _____ Cell Phone: _____
Address: _____
Occupation: _____ Employer: _____ Work Phone: _____
Religion: _____ Parish: _____

DAYTIME CHILDCARE PROVIDER (if applicable):

Name: _____ Relation: _____ Phone: _____

EMERGENCY CONTACTS:

(Must list at least 2, in addition to Parents/Guardian and Daytime Childcare Provider)

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

ADDITIONAL INFORMATION

List anyone with whom your child may not leave school:

List anyone with whom your child is authorized to leave school:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Does your child have any allergies? In case of emergency, what specific actions should be taken related to this allergy?

Has your student ever been tested for or evaluated for any disability (Learning Disabilities, Attention Deficit Disorder, English Speakers of Other Languages, Emotional Disabilities, etc.) or medical condition? Yes _____ No _____

(If yes, please explain on a separate sheet of paper any disability or medical condition that may affect your student's ability to fully participate in the academic and/or other programs provided in 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.)

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

Child Ethnicity: _____ American Indian/Native Alaskan _____ Asian _____ Black _____ Hispanic _____ Native Hawaiian/Pacific Islander
_____ White _____ Multi-Racial _____ All Others

To be considered for admission the following documents, including non-refundable application fee, must accompany this application: Copy of Baptismal Certificate (Catholics Only) _____ Immunization Record

Copy of Custody Decree (if applicable) _____ Copy of Birth Certificate (present to school for verification)

A Non-Refundable Application Fee

Commonwealth of Virginia School Entrance Health Form (Must be submitted prior to beginning of school year)

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____