



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 PM 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: _____

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:

Previous or Current Schools/Programs Attended:

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

FAMILY BACKGROUND

Full Name	_____	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.

