

APPLICATION FOR ADMISSION



Diocese of Arlington Application for Admission

Name of School Saint Luke Catholic School School Year 2010-2011 Applying for Grade 5th

STUDENT DATA

Legal Name: Last Smith First John Middle David Nickname JD
 Sex M Social Security Number 123-45-6789 (Optional) Date of Birth 01/15/05 City & State of Birth Washington DC
 Country of Birth (if outside United States of America) USA City Washington State DC Zip 20001
 Home Address 123 Main St Public School System in which student resides None Public School Child Would Attend No
 Home Telephone 202-555-1234 Email where official school communication can be sent jsmith@stluke.org

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 school None Grade 5th

Other Siblings Ages and Schools Presently Attending:

Name	Age	Name of School

Previous Schools Attended:

Name of School	Dates	Grades	Location	Telephone

Religion: Catholic Baptized? yes no

For Catholic Applicants:

	Date	Church	City and State
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

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

1. Copy of Baptismal Certificate (Catholics only)
2. Immunization record
3. Copy of Custody decree (if applicable)
4. Copy of birth certificate must be presented to school personnel for verification.
5. Current report card including comments **and** the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available
7. A non-refundable application fee
8. Commonwealth of Virginia School Entrance Health Form (**Must be submitted prior to beginning of school year**)

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

OFFICE USE ONLY:

Application Date _____	Application Fee _____	Birth Certificate _____
Baptismal Certificate _____	Immunization Record _____	Physical Form _____
Custody Decree _____	Report Cards _____	Test Scores _____
Scholastic Form _____	Assessment/Interview _____	Confirmation of Parish Registration Form _____
In Parish _____	Out of Parish _____	Non Catholic _____
Date Accepted _____	Grade/Room Number _____ / _____	Teacher/Advisor _____ / _____

NON-DISCRIMINATION CLAUSE

Catholic Schools, administered under the authority of the Catholic Diocese of Arlington, comply with those constitutional and statutory provisions, as may be specifically applicable to the schools, which prohibit discrimination on the basis of race, color, sex, age, marital status, disability, national origin or citizenship in the administration of their educational, personnel, admissions, financial aid, athletic and other school administered programs.

This policy does not preclude the existence of single sex schools, nor does it conflict with the priority given to Catholics for admission as students. This policy also does not preclude the ability of the school to undertake and/or enforce appropriate actions with respect to students who advocate on school property or at school functions any practices or doctrines which are inconsistent with the religious tenets of the Catholic faith.

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 student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition? yes 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/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: American Indian/Native Alaskan Asian African American Hispanic
 Native Hawaiian/Pacific Islander Caucasian Multi-Racial All Others

Family Background

Full Name	_____	Father	_____
Maiden Name	_____		
Country of Birth (if outside USA)	_____		
Home Address	_____		
Home Phone	_____		
Cell Phone	_____		
Work Phone	_____		
Work Email	_____		
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 _____ Complete Address: _____ Phone _____
Maternal: Name _____ Complete Address: _____ Phone _____