Diocese of Arlington
Application for Admission
Pre-K

APPLICATION FOR ADMISSION

Name of School: Saint Luke Catholic School, *School Year:* _____

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

	Mother	Father
Full Name		
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 ____African American ____Hispanic
____Native Hawaiian/Pacific Islander ____ Caucasian ____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

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.