



Enrollment Application

Date: _____
Please **PRINT** all information.

STUDENT INFORMATION

Name: _____ Male Female
Last First Middle

Address: _____

Religious Affiliation: _____ Parish: _____ Grade student will be entering: _____

Date of Birth: ____/____/____ Place of Birth: _____ School District: _____
Month Day Year City State

Race / Ethnicity of Student: Asian Black Hawaiian / Pacific Islander Hispanic Multiracial Native American / Alaskan White

Student lives with: Both Parents Mother Father Other: Relationship _____ Legal Custody with: _____
(MUST PROVIDE COURT PAPERS)

FAMILY INFORMATION

| | FIRST & LAST NAME | ADDRESS CITY, STATE, ZIP | EMAIL |
|-------------|-------------------|-----------------------------|-------|
| FATHER | | | |
| MOTHER | | | |
| STEP-PARENT | | | |
| STEP-PARENT | | | |
| OTHER | | | |

SACRAMENT INFORMATION

| | DATE | CHURCH | CITY & STATE/COUNTY |
|---------------------------------|-------------|--------|---------------------|
| Baptism | ___/___/___ | | |
| Reconcilliation | ___/___/___ | | |
| First Eucharist | ___/___/___ | | |
| Confirmation | ___/___/___ | | |
| Parish currently registered at? | | | |

CONTINUED ⇨

| LIST LAST 3 SCHOOLS THE STUDENT HAS PREVIOUSLY ATTENDED | GRADE(S) | YEAR(S) |
|---|----------|---------|
| | | |
| | | |
| | | |

| OTHER CHILDREN LIVING IN HOME: FIRST & LAST NAME | SCHOOL | BIRTH DATE |
|--|--------|------------|
| | | |
| | | |
| | | |

OTHER INFORMATION

The following information is VERY beneficial to the academic, emotional, social and long-term success of a student during his / her school years. Full disclosure will ensure immediate consideration to those areas that can enhance his / her success. All information will remain highly confidential.

Please check NO or YES if the student has received any of these services. If YES, please briefly describe and provide dates. Please attach any additional information.

Special Educational Program at Previous School: NO YES: _____

Been Suspended or Required to Withdraw from Previous School: NO YES: _____

Received Counseling for Emotional or Other Concerns: NO YES: _____

Title I, Speech, Act 89: NO YES: _____

Psychological Testing: NO YES: _____

Individualized Education Plan (IEP) at Previous School: NO YES: _____

Other: _____

By placing my / our signature(s) below, I / we verify that all information is accurate and complete. I / we realize that failure to provide accurate information about the student may jeopardize enrollment at Assumption BVM School. I / we further verify that no information has been omitted AND if any of the information changes at any time I / we will notify the school.

| | | |
|---|----------------------------|---------------|
| _____ Signature of Parent / Guardian | _____ Please Print Name | _____ Date |
| _____ Signature of Parent / Guardian | _____ Please Print Name | _____ Date |

ALL ADMISSIONS ARE AT THE DISCRETION OF THE PRINCIPAL. A NON-REFUNDABLE REGISTRATION FEE OF \$100 IS DUE PRIOR TO PROCESSING.

Check No.

Official Start Date



| FOR SCHOOL USE ONLY |
|--|
| <input type="radio"/> Enrollment Accepted. |
| <input type="radio"/> Enrollment Provisionally Accepted. |
| <input type="radio"/> Enrollment Denied. |
| _____ Principal Signature |
| _____ Date |