



Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

Name of School _____ School Year _____ Applying for Grade _____ If PreK: 3yr old 5 day ½ day / full day

Will student be the only child at this school? Yes No Oldest Child at this school? Yes No 4 yr old 5 day ½ day / full day

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

Student Data

Legal Name: Last _____ First _____ Middle _____

Nickname _____ Sex Male Female

Date of Birth ____/____/____ City, State, Country of Birth _____
(mm/dd/yyyy) (city) (state) (country)

Home Address _____ City _____ State _____ Zip _____

Home Phone ____-____-____ Email for official school communication _____

Primary language spoken in the home _____

Religion (check one): Catholic Other

For Catholic Applicants

	Date	Church	City and State
Baptism	____/____/____	_____	_____
Reconciliation	____/____/____	_____	_____
First Eucharist	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

Parish currently registered at: _____

Previous Schools Attended

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____

Public School System in which student resides _____

Public School Child Would Attend _____



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Family Background

Student Lives with: _____

Mother/Female Guardian

Full Name _____
 Maiden Name _____
 Country of Birth _____
 Home Address _____
 Home City, State, ZIP _____
 Home Phone _____
 Home Email _____
 Cell Phone _____
 Work Phone _____
 Work Email _____
 Occupation _____
 Employer _____
 Religion _____
 Parish _____

Father/Male Guardian

Marital Status (Circle) Married Separated Divorced*
 Widowed Single Remarried

****Appropriate custody paperwork MUST be attached.***

Married Separated Divorced*
 Widowed Single Remarried

****Appropriate custody paperwork MUST be attached.***

Name and Address of person responsible for tuition/fees payment

Name _____

If not a parent or guardian listed above, please complete:

Home Address _____ City _____ State _____ Zip _____
 Phone Number _____ Email _____



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To be considered for admission, the following documents must accompany this application:

1. Non-refundable application fee
2. Copy of Baptismal Certificate (Catholics only)
3. Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)
4. Immunization Record
5. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year)**
6. Current year's report card, including comments, **and** two (2) previous academic year's report cards (if applicable)
7. Current standardized test scores plus the two previous years, if available
8. If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
9. If applicable, provide a copy of your student's **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes, and/or a Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
10. If applicable, provide a copy of your student's custody decree.

I certify the information provided in this document to be true and accurate to the best of my knowledge.

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

Demographic Data

The following information is optional and confidential. This information is used for our applications for Federal Grants and submissions to the National Catholic Educational Association's annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

Student's ethnicity: Hispanic/Latino Other
 Student's race: American Indian/Native Alaskan Native Hawaiian/Pacific Islander Black Asian White Multi-Racial

OFFICE USE ONLY:

Application Date _____ Date Accepted _____

Application Fee Baptismal Certificate Birth Certificate Immunization Record Physical Form Report Cards

Test Scores Scholastic Form Custody Decree Assessment/Interview

Confirmation of Parish Reg. Form In Parish Out of Parish Catholic Other/Non-Catholic

3 yr PreK 4 yr PreK Viewed Original Birth Certificate: Initials _____ Date _____

Teacher/Advisor _____