



# APPLICATION FOR ADMISSION

## ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: St. Elizabeth School Date: \_\_\_\_\_

School Year: 2012-2013 Applying for Grade: \_\_\_\_\_

### Applicant Information

Student Name: \_\_\_\_\_  
*Last First M.I. (Jr., III)*

Sex:  Male  Female Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

Place of Birth: \_\_\_\_\_  
*City State Country*

Home Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_  
*City State ZIP Code*

Email Address: \_\_\_\_\_  
*Please provide an email address where all official school communication may be sent.*

Sibling(s) Enrolled: \_\_\_\_\_  
*Name Grade*

\_\_\_\_\_  
*Name Grade*

Religion: \_\_\_\_\_ Baptized:  YES  NO

Local Public School System: \_\_\_\_\_

Local Public School Child Would Attend: \_\_\_\_\_

The following information is optional but helpful when completing census data for grants and the National Catholic Education Association (NCEA) Data Bank. This information is not used in any way to determine admission.

Ethnicity of Student: *Please check ✓ one of the following*

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Black  |
| <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White  |
| <input type="checkbox"/> Multiracial     | <input type="checkbox"/> Unknown                          | <input type="checkbox"/> Other: |



## Emergency Contact Information

*Please list the names of two adults who should be contacted in the event of an emergency if parents listed above cannot be reached*

### Contact #1:

	<small>Last</small>	<small>First</small>	<small>M.I.</small>		<small>(Jr., III)</small>
Relation to Student:	_____	_____	_____		
Email Address: _____					
Home Address: _____					
	<small>Street Address</small>				<small>Suite #</small>
_____					
	<small>City</small>		<small>State</small>		<small>ZIP Code</small>
Home Phone	( ) -		Other Phone	( ) -	<b>Ext.</b>

### Contact #2:

	<small>Last</small>	<small>First</small>	<small>M.I.</small>		<small>(Jr., III)</small>
Relation to Student:	_____	_____	_____		
Email Address: _____					
Home Address: _____					
	<small>Street Address</small>				<small>Suite #</small>
_____					
	<small>City</small>		<small>State</small>		<small>ZIP Code</small>
Home Phone	( ) -		Other Phone	( ) -	<b>Ext.</b>

## Student Background Information

Subject to the review and approval of the principal, students with special needs may be permitted to attend archdiocesan schools; however, parents must provide accurate and complete information regarding the applicant's needs to assist schools in determining whether reasonable accommodations can be made.

Has your child received special services from a professional (e.g. counselor, speech therapist, special education teacher)?  
 NO  YES, Briefly describe the type of service, length of service, and if it discontinued, a reason for discontinuation:

\_\_\_\_\_

Does your child need accommodations to be successful in school?  NO  YES  
If yes, please explain briefly (other forms will be required):

\_\_\_\_\_

Does your child need any particular academic enrichment in order to be successful in school?  NO  YES, Please list:

\_\_\_\_\_

Does your child have any diagnosed allergies?  NO  YES  
If yes, please list (other forms will be required):

\_\_\_\_\_

Will your child require medication to be administered during the school day?  NO  YES  
If yes, please explain briefly (other forms will be required):

\_\_\_\_\_

Medical Diagnosis: *Please check  all that apply:*

No known medical conditions

Diagnosed Condition (specify): \_\_\_\_\_

Physical Disability:

No existing physical disability

Identified Disability (specify): \_\_\_\_\_

Learning Disorder:

No known learning disorder

Identified Disorder (specify): \_\_\_\_\_

Please provide copies of any completed diagnostic work, evaluations or specialized plans that have been developed for your child in the past, which may include psycho-educational evaluations, speech & language evaluations, an Individualized Educational Plan (IEP), a 504 plan, testing for Gifted and Talented Programs or any similar documents. Although archdiocesan Catholic Schools are not required to implement public schools' special education plans, principals may determine the school is able provide reasonable accommodations in some circumstances.

## Home Language Survey

Primary language(s) spoken in student's household: \_\_\_\_\_ Does primary guardian speak English?  YES  NO

Is the Student Bi-Lingual?  NO  YES \_\_\_\_\_ Does the student spend significant time with a non-English speaking caregiver?  YES  NO

NOTE: All of the Student Background Information and the Home Language Survey is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education and reasonable accommodations. It will not be considered in determining if he/she is otherwise qualified for admission. Submitting documentation of a disability in no way obligates the Catholic school to fulfill the student's documented needs.

### For Catholic Applicants Only

Current Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Sacramental Records: *Fully complete each section pertaining to Sacrament(s) the student has received.*

Baptism:	Date	Church	City	State
Reconciliation:	Date	Church	City	State
First Eucharist:	Date	Church	City	State
Confirmation:	Date	Church	City	State

**Transferring Student:** Is the student transferring from another Catholic school?  YES  NO

<i>If YES, Previous School(s) Attended:</i>	Dates Attended	School Name	City	( ) -	Phone Number	Grade Avg
	Dates Attended	School Name	City	( ) -	Phone Number	Grade Avg



