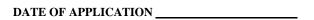


Admission Application

3418 Noble Avenue * Richmond, VA 23222 * 804-329-7524 *804-329-4201 (Fax)

Steps to Enrollment

- Completed Application accompanied by the following documents:
 - Copy of birth certificate
 - Copy of social security card
 - School physical examination
 - Proof of immunizations
- Admission Testing
- Interview with the Principal





APPLICATION FOR ADMISSION

Student Data				
STUDENT LEGAL NAME		NICKNAME		
ADDRESS		ZIP		
Street	City	State		
Gender:MaleFemale	Social Security No	umber:		
Date of Birth:/				
Name of Siblings currently enrolled a	at All Saints:			
Public School/County where child wo	ould attend:			
Application for School Year	in Grade			
Previous Schools Attended: Name of School Dates A	Attended Grade Lev	vels Location		
Complete if Applicant is Catholic: Name and location of parish where fam Check those sacraments received:				
Complete if Applicant is Non-Cathol Religion:				
Name and location of church currently	attending:			
Family Information				
Father's Name				
Home Address				
Street Home Phone	Cell Phone	· · · · · · · · · · · · · · · · · · ·		
e-mail	Prima	Primary Language		
Employer _	Occupation	Religion_		

Mother's Name			 				
Home AddressStreet		City		State	Zip		
Home Phone	Cell Phone		Work Phone				
e-mail		Primary Language					
Employer	Occupation		Re	ligion			
About the Applicant							
Student lives with:both pare	entsmother	father	guardian				
Please briefly describe your child's	interests and any extra-c	urricular acti	vities in which l	ne/she has p	participated.		
				•	•		
Has your child undergone any indivergence and indivergence arrived earning disabilities, attention deficing fyes, please explain below and sub	t disorder, English as a se	econd langua	ge, etc., or recei				
Please list any information that you obysical challenges, pertinent development					h details, chronic		
Information about disabilities is requipplicant with an appropriate educa The whether he or she is otherwise quali	ation or reasonable accor						
Printed Name of Parent/Guardian							
Parent/Guardian Signature			Date				
	Office U	Jse Only					
Application Fee of \$150 paid on			Check #	Cr (Card _		

TRANSCRIPT RELEASE FORM



All Saints Catholic School 3418 Noble Avenue Richmond, VA 23222 804.329.7524

Student				
School currently attend	ling or most recent	y attended		
Address				
City		State	Zip Code	
Current or last grade p	lacement there		-	
The above student is ap	pplying to attend Al	l Saints Catholic School.	Please fax (804-329-4201) or ma	ail
a complete transcript in	ncluding grades, tes	t results, IEP/504 accor	nmodation plans, medical	
records, all confidentia	records, and any a	dditional cumulative re	cords which will assist us in	
continuing the student	s best progress.			
I give my permission fo	r the above records	s to be released to All Sa	aints Catholic School.	
Signature of I	Parent/Guardian		Date	