



All Saints Catholic School

Admission Application

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

Steps to Enrollment

- Completed application and fee accompanied by the following documents:
 - Copy of birth certificate
- Admission Testing/Shadow Day
- Transcripts and School Recommendation received
- Interview with the Principal
- Upon acceptance, current copies of the following are required:
 - School entrance health form

DATE OF APPLICATION _____

APPLICATION FOR ADMISSION

Student Data

STUDENT LEGAL NAME _____ NICKNAME _____

ADDRESS _____ ZIP _____
Street City State

Gender: ____ Male ____ Female

Date of Birth: ____/____/____

Name of Siblings currently enrolled at All Saints: _____

Public School/County where child would attend: _____

Application for School Year _____ in Grade _____

Previous Schools Attended:

Name of School	Dates Attended	Grade Levels	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete if Applicant is Catholic:

Name and location of parish where family is currently registered: _____

Check those sacraments received: ____ Baptism ____ First Reconciliation ____ First Eucharist

Complete if Applicant is Non-Catholic:

Religion: _____

Name and location of church currently attending: _____

Family Information

Father's Name _____

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail _____ Primary Language _____

Employer _____ Occupation _____ Religion _____

Mother's Name _____

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail _____ Primary Language _____

Employer _____ Occupation _____ Religion _____

About the Applicant

Student lives with: _____ both parents _____ mother _____ father _____ guardian

Please briefly describe your child's interests and any extra-curricular activities in which he/she has participated.

Has your child undergone any individual psychological assessment, medical assessment, educational evaluations for learning disabilities, attention deficit disorder, English as a second language, etc., or received tutorial support? If yes, please explain below and submit copies of all assessments and accommodations.

Please list any information that you might deem helpful to the school (i.e. birth history, medical/health details, chronic physical challenges, pertinent development history, recent transitions with the family, etc.)

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he or she is otherwise qualified for admissions.

Office Use Only

Application Fee of \$150 paid on _____ **Cash Receipt #** _____ **Check #** _____ **Cr Card**

Additional Enrollment Application Questions

Has a current All Saints family referred you to the school? (Y/N) _____

If yes, what is the name of the family? _____

What is the student's greatest strength as a student? What does he/she need to improve?

How are you going to be involved in your child's education, and be a partner with the school?

Why do you want your child to attend a religious school?

Please rank the following in order of importance for your child(ren)'s education:

- ___ Academic success
- ___ Extra-curricular involvement
- ___ Spiritual growth
- ___ Character building
- ___ Student-teacher relationship
- ___ Student-peer relationships
- ___ Enforcement of school policies
- ___ Building skills in technology and critical thinking

Anything else? _____

Why is your ranking order important to you?

What is your philosophy on discipline?

What additional questions do you have about the school?

Printed Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

TRANSCRIPT RELEASE FORM



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

Student _____

School currently attending or most recently attended _____

Address _____

City _____ State _____ Zip Code _____

Current or last grade placement there _____

The above student is applying to attend All Saints Catholic School. Please fax (804-329-4201) or mail a complete transcript including grades, test results, IEP/504 accommodation plans, medical records, all confidential records, and any additional cumulative records which will assist us in continuing the student's best progress.

I give my permission for the above records to be released to All Saints Catholic School.

Signature of Parent/Guardian

Date