Admission Application

Steps to Enrollment

- Completed application and fee accompanied by the following documents:
  - Copy of birth certificate
- Admission Testing and Shadow Day
- Transcripts and School Recommendation received
- Interview with the Admissions Director or Principal
- Upon acceptance, current copies of the following are required:
  - School entrance health form
  - Up to date immunization record
APPLICATION FOR ADMISSION

DATE OF APPLICATION _____________________________________________

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:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates Attended</th>
<th>Grade Levels</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________</td>
<td>_______________</td>
<td>____________</td>
<td>__________</td>
</tr>
<tr>
<td>_______________</td>
<td>_______________</td>
<td>____________</td>
<td>__________</td>
</tr>
<tr>
<td>_______________</td>
<td>_______________</td>
<td>____________</td>
<td>__________</td>
</tr>
</tbody>
</table>

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

Parent 1’s Name ____________________________________________ Relationship to Student __________

Home Address ____________________________________________

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
<td>_________</td>
<td>_________</td>
</tr>
</tbody>
</table>

e-mail _____________________________ Primary Language _____________________________

Employer __________________________ Occupation ____________________________ Religion _________
Parent 2’s Name ____________________________________________ Relationship to Student ___________

Home Address ____________________________________________________________________________________
Street                                                                 City                                  State       Zip

Home Phone ___________________     Cell Phone ____________________  Work Phone __________________

e-mail _________________________________________      Primary Language _________________________

Employer __________________________   Occupation ______________________  Religion ______________

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 paid on _________      Cash Receipt # _____      Check # _______      Cr Card ______

This student has been accepted / not accepted to the _______ class for the 20___ - ___ academic year.

Principal’s Signature ___________________________        Date ___________________________
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 ________________

Updated 08/31/20
TRANSCRIPT RELEASE FORM

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
- 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