FORM 1

APPLICATION FOR ADMISSION

ARCHDIOCESE OF WASHINGTON – Catholic Schools Office

School Name: **St. John's 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*

☐ Native American ☐ Asian ☐ Black
☐ Hispanic ☐ Native Hawaiian/Pacific Islander ☐ White
☐ Multiracial ☐ Unknown ☐ Other:

Family Information

	Mother	Father
Full Name		
Maiden Name		
Country of Birth		
Home Address		
Home Phone	( ) -	( ) -
Cell Phone	( ) -	( ) -
Preferred Email		
Occupation		
Employer		
Work Phone	( ) - **Ext.**	( ) - **Ext.**
Religion		
Parish/Church		

Parents' Marital Status: ☐ Single ☐ Married ☐ Separated* ☐ Divorced*
Please check all that apply ☐ Mother Deceased ☐ Mother Remarried ☐ Father Deceased ☐ Father Remarried

*** NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

Student lives with: ☐ Mother and Father ☐ Mother Only ☐ Father Only
☐ Legal Guardian (*Please complete the information below*):

Full Name _____
Country of Birth _____
Home Address _____
_____
Home Phone ( ) -
Cell Phone ( ) -
Preferred Email _____
Occupation _____
Employer _____
Work Phone ( ) - **Ext.**
Religion _____
Parish/Church _____

Person responsible for Tuition/Fee Payments: _____

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: _____

Last *First* *M.I.* *(Jr,. III)*

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address *Suite #*

_____

City *State* *ZIP Code*

Home Phone **( ) -** _____ Other Phone **( ) -** **Ext.**

Contact #2: _____

Last *First* *M.I.* *(Jr,. III)*

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address *Suite #*

_____

City *State* *ZIP Code*

Home Phone **( ) -** _____ Other Phone **( ) -** **Ext.**

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 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

If YES, Previous School(s) Attended:

Dates Attended	*School Name*	*City*	*Phone Number*	*Grade Avg*
			( ) -	
Dates Attended	*School Name*	*City*	*Phone Number*	*Grade Avg*

Parent/Guardian Acknowledgment

I/We, the undersigned parent(s), understand and acknowledge that in the event that an Archdiocesan Catholic elementary school receives more qualified applicants than it has the capacity to accommodate, students shall be admitted in the following priority: Catholic students in the order in which they submit completed applications prior to the posted deadline; non-Catholic students in the order in which they submit completed applications prior to the posted deadline; all other students in the order in which they submit completed application after the posted deadline. I/We understand and acknowledge that all applicants shall follow all applicable policies and procedures regarding school-based entrance requirements, including, but not limited to, health examinations and immunizations, before admission may be finalized. Upon admission, all students in Catholic schools in the Archdiocese are to be immunized in accordance with the immunization requirements and the guidelines of the Archdiocese. Exemptions are provided only on a temporary basis to those with a physician-documented medical contraindication.

I/We understand and acknowledge that the admission, instruction and retention of students with disabilities, students with special needs, and students who are English Language Learners cannot be guaranteed. Whether reasonable accommodations can be made for such students is determined on an individual basis and is in the sole discretion of the school's chief administrator (principal) in consultation with the Catholic Schools Office.

I/We understand and acknowledge the Roman Catholic religious nature of the school to which our child is applying. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/We will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the applicant shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the applicant, we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and **St. John's School**. I/We hereby confirm that the following documents, required to be considered for admission, including the non-refundable application fee of **$50**, accompany this application:

ALL STUDENT APPLICANTS	TRANSFER STUDENT APPLICANTS ONLY
☐ Non-Refundable Application Fee of $50	☐ Current standardized test scores plus the two previous years' scores
☐ Copy of Valid Age Birth Certificate *(Passport, Green Card, or Government Issued Identification)*	☐ Current report card including comments and the two previous years' report cards
☐ Archdiocese of Washington Immunization Policy Acknowledgment and All Attachments *(Required for Admission)*	
☐ Copy of Baptismal Certificate *(Catholics only)*	
☐ Allergy Agreement and Action Plan *(If Applicable)*	
☐ Copy of custody order, or other applicable court orders *(If Applicable)*	
☐ All relevant evaluations/assessments and previous special education plans *(If Applicable)*	

I/We hereby acknowledge that all the information contained in this application and its accompanying documents is accurate and truthful. I/We agree to pay all of applicant's tuition and fees when due.

Names of Parents/Guardians: _____ _____

Mother *Father*

Signatures: _____ _____

Sign and date *Sign and date*

*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

STUDENT APPLICATION REVIEW FORM

OFFICE USE ONLY

Applicant Name: _____

Last *First*

Principals: Applications are not reviewed until application fee is paid and ALL documentation received, except immunization documentation is due by first day of school.

Applications must be signed by both parents. If parents are not married, all persons with legal authority to make educational and religious decisions on behalf of the applicant must sign the application.

Check ✓and Date when each item is received and verified

☐ Application Received:_____
☐ Application Fee Paid:_____
☐ Baptismal Certificate:_____
☐ Immunization Documents:_____
☐ Birth Certificate:_____

If Applicable:
☐ Allergy Agreement :_____
☐ Custody Decree:_____

Transfer Students ONLY:
☐ Report Cards:_____
☐ Test Scores:_____
☐ TerraNova ID Transferred:_____
☐ Admissions Interview Completed:_____

RELIGION: ☐ Catholic ☐Non-Catholic:_____
TUITION: ☐Catholic ☐Out-of-Parish

☐Parish Registration Form:_____

STATUS: ☐Accepted:_____ ☐ Denied:_____

☐Grade:_____ ☐Room Number:_____
☐Homeroom Teacher:_____

PERSON RESPONSIBLE FOR TUITION/FEES PAYMENT
Name:_____
Address:_____
Phone Number:_____

NOTES:_____
_____
_____