



APPLICATION FOR ADMISSION

ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: St. Mary's Bryantown 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:

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.	() - 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 #
Home Phone () - Other Phone () - State ZIP Code
Ext.

Contact #2: _____
Last First M.I. (Jr., III)
Relation to Student: _____ Email Address: _____
Home Address: _____
Street Address Suite #
Home Phone () - Other Phone () - State ZIP Code
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:	Baptism:	Date	Church	City	State
<i>Fully complete each section pertaining to Sacrament(s) the student has received.</i>	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

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