



Diocese of Arlington Application for Admission

Name of School _____ School Year _____ Applying for Grade _____

STUDENT DATA

Legal Name: Last _____ First _____ Middle _____ Nickname _____

Sex _____ Social Security Number _____ (Optional) Date of Birth _____ City & State of Birth _____
(mm/dd/yy)

Country of Birth (if outside United States of America) _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Public School System in which student resides _____ Public School Child Would Attend _____

Email where official school communication can be sent _____

Check all that apply: Only Child at this school? yes no Oldest Child at this school? yes no
If not oldest, name of oldest sibling at school _____ Grade _____

Previous Schools Attended:

Name of School	Dates	Grades	Location	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Religion: _____ Baptized? yes no

For Catholic Applicants:	Date	Church	City and State
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Family Background

	Mother	Father
Full Name	_____	_____
Maiden Name	_____	_____
Country of Birth (if outside USA)	_____	_____
Home Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work Email	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____
Parish	_____	_____
Primary language spoken in the home	_____	_____

Name and Address of person responsible for tuition/fees payment: Name _____
 Address _____

Marital Status:

Married
 Single
 Separated
 Divorced*
 Mother deceased
 Father deceased
 Father Remarried
 Mother Remarried

** Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

Grandparent Information:

Paternal : Name _____ Complete Address: _____ Phone _____

Maternal: Name _____ Complete Address: _____ Phone _____

Student lives with: Both Parents Mother Father Guardian (if checked, fill out below)

Guardian Name _____ Home Phone _____ Cell Phone _____
Address _____
Occupation _____ Employer _____ Work Phone _____
Religion _____ Parish _____

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition? yes no

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

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/she is otherwise qualified for admission.

The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child: American Indian/Native Alaskan Asian Black Hispanic Native Hawaiian/Pacific Islander
 White Multi-Racial All Others

To be considered for admission, the following documents, including a non-refundable application fee, must accompany this application:

1. Copy of Baptismal Certificate (Catholics only)
2. Immunization record
3. Copy of Custody decree (if applicable)
4. Copy of birth certificate must be presented to school personnel for verification.
5. Current report card including comments **and** the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available
7. A non-refundable application fee
8. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year)**

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

OFFICE USE ONLY:

Application Date _____	Application Fee _____	Birth Certificate _____
Baptismal Certificate _____	Immunization Record _____	Physical Form _____
Custody Decree _____	Report Cards _____	Test Scores _____
Scholastic Form _____	Assessment/Interview _____	Confirmation of Parish Registration Form _____
In Parish _____	Out of Parish _____	Non Catholic _____
Date Accepted _____	Grade/Room Number _____ / _____	Teacher/Advisor _____ / _____