



New Family: \_\_\_\_\_

Returning Family: \_\_\_\_\_

Registered Parishioner: \_\_\_\_\_

Non-Parishioner: \_\_\_\_\_

# Diocese of Arlington

## Application for Admission

St. William of York

Name of School Catholic School School Year 2009-2010 Applying for Grade \_\_\_\_\_

### STUDENT DATA

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_  
 Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ (Optional) Date of Birth \_\_\_\_\_ (mm/dd/yy) City & State of Birth \_\_\_\_\_  
 Country of Birth (if outside United States of America) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Address \_\_\_\_\_ Public School System in which student resides \_\_\_\_\_ Public School Child Would Attend \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 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:

Baptism	Date	Church	City and State
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

**Family Background**

Full Name	_____	Father	_____
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 suspended, dismissed, expelled, or not permitted to re-enroll in a school?  yes  no If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

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 _____ / _____