



2017-2018 K-8 APPLICATION

Saint Patrick School is dedicated to the achievement of all students. As a school community, we seek to encourage every student to reach their academic potential and be an example of our Catholic identity by living the Gospel message in service to others.

Grade for which you are applying for Fall 2017 _____ Check here if student is reapplying _____

Name of Student _____
First Middle Last

Address _____

Home Phone Number _____

Date of Birth _____ Country of Birth _____

Has your child received the sacrament of Baptism _____ Eucharist _____ in a Catholic Church?

Name of Father _____ Father's Cell _____

Father's E-Mail _____ Occupation _____ Religion _____

Name of Mother _____ Mother's Cell _____

Mother's E-Mail _____ Occupation _____ Religion _____

Upon the completion of this application your student(s) will be scheduled for a school visit and admissions assessment. Once completed application notification will be sent.

Previous School Attended

Name

Address

Town/state/zip

Telephone #

Fax #

I request that _____ school send all school records, transcripts, discipline records, standardized testing results, and any other information that would assist us in the consideration of the application to Saint Patrick School.

Are you aware of any learning, physical, or emotional difficulties with your child? Yes _____ No _____
If yes, please explain: _____

Is your child in a special learning or behavior plan at his/her current school? Yes _____ No _____
Has your child ever had counseling? Yes _____ No _____ If yes, please explain: _____

Are there any important details about your child's school life that are important for the school to know, including repeated/skipped grades, recent changes that affect your child as well as attendance problems?
Yes _____ No _____
If yes, please explain: _____

Briefly describe why you want your child to be part of St. Patrick School

A \$100 non-refundable application fee, a copy of the birth certificate and baptismal certificate are due at this time.

I attest that all information on this form is accurate to the best of my knowledge. If information is false St. Patrick School has the right to terminate Educational Services.

Parent Signature _____

Check here if parent(s) is an alumni _____

Office Use Only
Application Fee Check No. _____ **Birth Certificate** _____ **Baptismal Certificate** _____

NON-DISCRIMINATION POLICY

Saint Patrick School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. St. Patrick School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.