



STUDENT APPLICATION

Pre-K to 8th Grade

Grade Applying for: _____
School Year Applying for: _____
Sibling of current student? Yes or No

STUDENT

Girl
Boy

Last Name First Name Middle Name

Address _____

Number Street Apt. No.

_____ Home Phone () _____

City State Zip Code

Date of Birth _____ Is the student Catholic: Yes or No

Month Day Year If not Catholic, practicing religion if any: _____

Ethnicity: African American or Black Native Hawaiian or Pacific Islander

Please circle all that apply. White Multiracial

(For statistical purposes only) American Indian or Alaska Native Hispanic or Latino

 Asian Other

Student resides with: Mother Father Step-parent _____ Other _____

Primary language spoken at home: _____

Does your student have an IEP or 504? Yes or No *If yes, please include a copy with this application.*

Does your child have any special learning challenges or needs? Yes or No If yes, please explain below.

LOCAL NEIGHBORHOOD SCHOOL (for reporting purposes only): _____

Schools Previously Attended:

Dates	Grades	School	City	State

FAMILY

How did you learn about **YOUR SCHOOL**? _____

Why do you want your child to attend **YOUR SCHOOL**? _____

Mother/Guardian's Name: _____

Father/Guardian Name: _____

Last First Middle (Maiden)

Last First Middle

Marital Status _____

Marital Status _____

Home Phone () _____

Home Phone () _____

Cell Phone () _____

Cell Phone () _____

Work Ph. () _____

Work Ph. () _____

E-Mail Address _____

E-mail Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Catholic: Yes or No Parish: _____

Catholic: Yes or No Parish: _____

Please complete both sides of the application

Will you be applying for Tuition Assistance? Yes or No
Applying for Tuition Assistance does not guarantee a Tuition Award.

APPLICANT'S SIBLINGS:

_____ Age _____ Age _____
_____ Age _____ Age _____

ADMISSIONS POLICY

YOUR SCHOOL admits students of any race, color, national and ethnic origin in administration of its educational policies, admission policies, financial policies, and athletic and other administered programs.

PARISH FAMILIES are defined as families who meet the following criteria:

- One or both parents or guardians must be Catholic
- Registered in **YOUR PARISH** with a registration form on file
- Regular participation in Sunday Eucharist and other liturgies where the parish community gathers to worship
- Commitment to regular and reasonable financial support of the parish through participation in Sacrificial Giving

IN-PARISH TUITION

- I meet the qualifications for In-Parish Tuition.
- I DO NOT meet the qualifications for In-Parish Tuition.

APPLICATION CHECK LIST (We need the following items in order to process your application.)

- Non-Refundable Application Fee of **\$40.00 per family**, cash or check made payable to **YOUR SCHOOL**.
- Copy of your student's most recent report card
- Copy of government issued Birth Certificate
- Copy of Baptismal Certificate, if applicable
- Certificate of Immunization: *Beginning Fall 2020, prior to entry, attendance or transfer to a Catholic preschool through 8th grade in the Archdiocese of Seattle, students must present proof of having had the immunizations as required by Washington State law.*

Applying to **YOUR SCHOOL does not guarantee enrollment.**

All Kindergarten students must have reached their fifth birthday on or before August 31.

Parent Signature Date Parent Signature Date

OFFICE USE ONLY

Date Received _____ **Application Fee:** _____ **Reg. Fee:** _____
Sibling of Current Student? _____ **Entering Grade** _____ **Date Student begins:** _____