



# Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

Name of School \_\_\_\_\_ School Year \_\_\_\_\_ Applying for Grade \_\_\_\_\_ If PreK:  ½ Day  Full Day  
 3 Year Old (Half Day **ONLY**)  4 Year Old

Will student be the only child at this school?  Yes  No Oldest Child at this school?  Yes  No

If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

## **Student Data**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State, Country of Birth \_\_\_\_\_  
(mm/dd/yyyy) (city) (state) (country)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email for official school communication \_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

Religion (check one):  Catholic  Other

## **For Catholic Applicants**

|                 | Date           | Church | City and State |
|-----------------|----------------|--------|----------------|
| Baptism         | ____/____/____ | _____  | _____          |
| Reconciliation  | ____/____/____ | _____  | _____          |
| First Eucharist | ____/____/____ | _____  | _____          |
| Confirmation    | ____/____/____ | _____  | _____          |

Parish currently registered at: \_\_\_\_\_

## **Previous Schools Attended**

| Name of School | Dates attended | Grades | City, State | Telephone      |
|----------------|----------------|--------|-------------|----------------|
| _____          | _____          | _____  | _____       | ____-____-____ |
| _____          | _____          | _____  | _____       | ____-____-____ |
| _____          | _____          | _____  | _____       | ____-____-____ |

Public School System in which student resides \_\_\_\_\_

Public School Child Would Attend \_\_\_\_\_



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## Family Background

Student Lives with: \_\_\_\_\_

### **Mother/Female Guardian**

Full Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Country of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home City, State, ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Home Email \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Work Email \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Parish \_\_\_\_\_

### **Father/Male Guardian**

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Marital Status (Circle) Married Separated Divorced\*  
 Widowed Single Remarried

***\*Appropriate custody paperwork MUST be attached.***

Married Separated Divorced\*  
 Widowed Single Remarried

***\*Appropriate custody paperwork MUST be attached.***

## Name and Address of person responsible for tuition/fees payment

Name \_\_\_\_\_

If not a parent or guardian listed above, please complete:

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

