

Grade School Application for Admission



Student Information (Complete an Application for Each Child)

Child's Name (Last, First, Middle)	Date of Birth	Verified	Age	Registering for Grade
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Street	City	State	Zip Code
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Student Lives With (Check All That Apply)

Father Mother Stepfather Stepmother Guardian's Relationship to Child:

Check One (Must Be Completed)

Hispanic/Latino Not Hispanic/Latino

Gender

Female Male

Please Check All That Apply (Must Be Completed)

American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Other Pacific Islander White

Father's/Guardian's Name (Last, First, Middle)

Street	City	State	Zip Code
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Father's/Guardian's Occupation	Employer	Cell Phone Number
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Home Phone Number	Work Phone Number	Ext.
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Home Email Address	Work Email Address
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Marital Status

Married Separated Divorced Single Widowed Deceased Remarried to:

Custody of Child (If Applicable)

Sole Joint

Church Membership (List Name and Address if Applicable)

Mother's/Guardian's Name (Last, First, Middle)

Street	City	State	Zip Code
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Mother's/Guardian's Occupation	Employer	Cell Phone Number
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Home Phone Number	Work Phone Number	Ext.
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Home Email Address	Work Email Address
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Marital Status

Married Separated Divorced Single Widowed Deceased Remarried to:

Custody of Child (If Applicable)

Sole Joint

Church Membership (List Name and Address if Applicable)

Are any additional people living in the home?

Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Academic Information

Schools Attended: Most recent one listed on line 1.

1. _____ Address: _____ City, State, Zip: _____

Grades: _____ Dates: From (month/year) _____ to (month/year) _____

2. _____ Address: _____ City, State, Zip: _____

Grades: _____ Dates: From (month/year) _____ to (month/year) _____

3. _____ Address: _____ City, State, Zip: _____

Grades: _____ Dates: From (month/year) _____ to (month/year) _____

Has your child ever been promoted
more than one grade in a year? Yes, When: _____ No

Has your child ever been
retained in a grade? Yes, When: _____ No

Has your child ever had problems with regard to:

A particular academic subject Social adjustment Discipline (check any that apply and explain)

Identify any accomplishments of your child:

Academics Music Athletics Other _____ (check any that apply and explain)

Please list any health conditions your child has that would impact his/her educational experience at Saint Lucas:

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Reasons for applying at Saint Lucas:

Any additional comments?

Before- and After-School Care Program* (Optional)

Which care programs are you interested in enrolling your child?

- Before-school care (6-7:50 a.m.) When will you drop off your child? ____ a.m.
 After-school care (3-6 p.m.) When will you pick up your child? ____ p.m.
 Neither

How many days a week would you like to have your child attend our program?

- 1 2 3 4 5 Occasionally

Which days of the week would you like your child to attend our program?

- Monday Tuesday Wednesday Thursday Friday

*Additional fees apply for the Before- and After-School Care Program.

Everything stated in this application is true and accurate.

Parent's/Guardian's Signature: _____ Date _____

_____ Date _____