

St. Francis de Sales Catholic School
Application for Admission
Diocese of Las Vegas Catholic School



Date of application: _____ Application for Grade Level: _____

Student Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Date of birth: _____ Place of birth: _____

Sex: _____ Male _____ Female Home Telephone Number: _____

Social Security Number: _____ Religion: _____

Ethnic Origin:

_____ African American _____ Asian/Pacific Islander _____ Caucasian
_____ American Indian/Alaskan Native _____ Hispanic _____ Multi Racial

Complete this section only if Catholic:

Parish: _____ Pastor: _____

Baptism: _____ Yes _____ No Place: _____

First Holy Communion: _____ Yes _____ No Place: _____

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Parent Information

Father: _____

First Name

Last Name

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cellular Number _____ E-mail Address _____

Employer _____ Occupation _____ Work Hours _____

Work Address _____ Work Telephone Number _____

Mother: _____

First Name

Last Name

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cellular Number _____ E-mail Address _____

Employer _____ Occupation _____ Work Hours _____

Work Address _____ Work Telephone Number _____

Please circle with whom the student is living: Parents Mother Father Step-Father Step-Mother Guardian

Natural Father (if not listed above): Full Name: _____

Street Address _____ City _____ State _____ Zip Code _____

Have parental rights been revoked? ____ Yes ____ No If yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? _____

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Natural Mother (if not listed on the previous page):

Full Name: _____

Street Address	City	State	Zip Code
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Have parental rights been revoked? ____ Yes ____ No If yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? _____

Academic History

Schools Previously Attended:

School Name	Address	City	State	Zip	Telephone
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How long has your child been enrolled at present school? ____ If less than one semester, please explain:

Honors/Awards: _____

Hobbies/Special Interests: _____ Extra-curricular Activities: _____

Does your child perform academically at grade level? ____ Yes ____ No ____ Above ____ Below

Has your child ever been hospitalized for physical or psychological reasons? ____ Yes ____ No

If yes, please explain: _____

Has your child ever received any special services within the school day (LD, BD, ADHD, ADD, Speech, etc.)? ____ Yes ____ No

If yes, please explain: _____

Has your child ever received or is currently receiving counseling of any kind outside of school?

____ Yes ____ No

If yes, please explain: _____

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Please describe any special needs or services you would expect from this school:

Please describe any academic or personal information this school should be aware of:

Sibling Information

<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>School</u>

I certify that the above information given is true and correct, and I understand that withholding or falsifying any information on the application will be cause for immediate dismissal.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

For Office Use:

- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ First Holy Communion Certificate
- _____ Report Card
- _____ Immunization Record
- _____ Application Fee

Additional contact(s) and information: _____
