

***St. Veronica Catholic School
Application for Admission
School Year 2018-2019***

Application Date: _____ Applying for Grade: _____

How did you hear about St. Veronica School? _____

STUDENT DATA

Legal Name: Last: _____ First: _____ Middle: _____ Nickname: _____

Sex: _____ Date of Birth: _____ City & State of Birth: _____
(mm/dd/yyyy)

Country of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Email where official school communication can be sent: _____

Public School System in which student resides: _____ Public School Child Would Attend: _____

Check all that apply: Only Child at this school? ☐ Yes ☐ No Oldest Child at this school? ☐ Yes ☐ No

If not oldest, name of oldest sibling at school: _____ Grade: _____

Previous Schools Attended:

<u>Name of School</u>	<u>Dates Attended</u>	<u>Grades</u>	<u>City</u>	<u>State</u>

OFFICE USE ONLY

Application Date: _____	Application Fee: _____	Birth Certificate: _____
Baptismal Certificate: _____	Immunization Record: _____	Physical Form: _____
Custody Decree: _____	Report Cards: _____	Test Scores: _____
Scholastic Form: _____	Assessment/Interview: _____	Confirmation of Parish Registration Form: _____
In Parish: _____	Out of Parish: _____	Non-Catholic: _____
Date Accepted: _____	Grade/Room Number _____	Teacher _____

The following information regarding ethnicity is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnicity of child: ☐ American Indian/Native Alaskan ☐ Asian ☐ Black ☐ Hispanic
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ All Others

Child's Religion: _____ Baptized? ☐ Yes ☐ No

For Catholic Applicants:	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Eucharist:	_____	_____	_____
Confirmation:	_____	_____	_____

FAMILY BACKGROUND

	<u>Mother</u>	<u>Father</u>	<u>Guardian (if applicable)</u>
Full Name:	_____	_____	_____
Maiden Name:	_____		
Country of Birth:	_____	_____	_____
Home Address:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Email:	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____
Religion:	_____	_____	_____

Registered Parish: _____

Parish in which you reside: _____

Primary language spoken in the home: _____

Marital Status:

- ☐ Married ☐ Single ☐ Separated ☐ Divorced*
☐ Mother deceased ☐ Father deceased ☐ Father Remarried ☐ Mother Remarried

*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Person responsible for tuition/fees payment:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION: MUST BE COMPLETED

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition? ☐ Yes ☐ No

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission; as such, if you answered “yes” to the question above, please provide on a separate sheet of paper:

- The description of any disability or medical condition that may affect the applicant’s ability to fully participate in the academic and/or other programs provided at our school
- The dates of IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial, if applicable
- A request of any adjustment or accommodation to allow participation to any program. Please provide sufficient evidence to allow us assess your situation. We may request additional information from you and from an appropriate health professional.

Student's Name: _____

Current School: _____

Date of Birth: _____

Phone: _____ Fax: _____

To be considered for admission, the following documents, including a non-refundable application fee (\$100), must accompany this application:

1. Scholastic Information Form (to be mailed to St. Veronica School by child's current school).
2. Current report card, including comments, and the two previous academic years' report cards.
3. Current standardized test scores plus the two previous years, if available.
4. Immunization record.
5. Commonwealth of Virginia School Entrance Health Form (must be submitted prior to beginning of school year).
6. Copy of Custody decree (if applicable).
7. Copy of Baptismal Certificate (Catholics only), Reconciliation, and Eucharist Certificates (if applicable).
8. Original birth certificate must be presented to school personnel for verification.

I verify that the information provided within this application is correct.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

MAIL OR FAX RECORDS TO:

St. Veronica Catholic School
3460-B Centreville Road
Chantilly, VA 20151
Phone: 703-773-2022
Fax: 703-991-9103