

OFFICE USE ONLY

Date Received/Initials: _____

Birth Certificate _____

Baptismal Certificate _____

Military ID _____

Registered Date _____

Application Fee (\$50) _____

Registration Fee PK (\$200) _____

Registration Fee K-8 (\$250) _____

Math Level K-8 _____

Reading Level K-8 _____

DIOCESE OF ARLINGTON APPLICATION FOR ADMISSION



St. Anthony of Padua School
PK3 - Grade 8



2019-2020

STUDENT DATA

Legal Name: Last _____ First _____ Middle _____ Nickname _____

Applying for Grade (circle one): **PK3_2D** **PK3_3D** **PK3_5D AM** **PK3_5D PM** **PK4_5D AM** **PK4_5D PM** **PK4_5D-Full Day** **K** **1** **2** **3** **4** **5** **6** **7** **8**

City/State of Birth _____ Country of Birth (if outside U.S.) _____ Sex _____ Date of Birth (mm/dd/yy) _____

Home Address _____ City _____ State _____ Zip _____ U.S. Citizen? YES NO

Home Phone _____ Official Email for school communication and FACTS tuition billing (PRINT NEATLY) _____

Will your student have a sibling attending St. Anthony of Padua School? YES NO If yes, circle grades: PK3 PK4 K 1 2 3 4 5 6 7 8

Previous Schools Attended (except preschool students):

Name of School	Dates	Grades	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Registered Parish/Place of Worship: _____ **City/State of Parish/Place of Worship** _____

Religion: _____ **Is student baptized Catholic?** YES NO **If yes, baptismal certificate must be provided to receive Catholic rate.**

If Catholic and grade 3 or above, has student received First Communion? YES NO If yes, provide date, parish, city/state _____

The following ethnicity information is optional but helpful for use in applying for federal grants and NCEA Data Bank Information:

La siguiente información sobre etnicidad es opcional, pero útil para solicitar las subvenciones federales y la información del banco de datos de la Asociación Nacional de Educación Católica (NCEA por siglas en inglés):

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

Student lives with: Both Parents Mother Father Split between Mother & Father Guardian

Family Background

MOTHER

FATHER

GUARDIAN (If Applicable)

Full Name _____

Maiden Name _____

Country of Birth
(if outside USA) _____

Home Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email (most checked) _____

Occupation _____

Employer _____

Religion _____

Parish _____

Primary language spoken in the home _____

Parents' 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 of the child to a parent.**

***Nota: En el caso de un divorcio, el decreto de custodia debe ser archivado en la oficina de la escuela, así como cualquier instrucción específica con respecto a del niño a un padre.**

EMERGENCY CONTACTS

TWO EMERGENCY CONTACTS ARE REQUIRED WITH COMPLETE ADDRESSES (Both are **REQUIRED** to be in state). **Phone numbers for both contacts must be different:**

Name _____ Relationship to Student: _____ Home Phone _____ Cell Phone _____

Address: _____ City _____ State _____

Name _____ Relationship to Student: _____ Home Phone _____ Cell Phone _____

Address: _____ City _____ State _____

SCHOOL DIRECTORY PERMISSION (**REQUIRED**)

Do you give permission for St. Anthony of Padua School to include the following information in NEXT YEAR's school directory?

- your address, home phone and email(s)? YES NO **OR**
- Only include emails YES NO
- Only include the home phone YES NO

PHOTO WAIVER (**REQUIRED**)

The Office of Catholic Schools of the Diocese of Arlington (OCS) and any of its schools may produce or participate in videotape, audio recording, Internet (i.e., Website) or still photograph productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or school marketing purposes and may be copied or copyrighted with the school retaining any and all rights to such productions. You have the right to object to the use of your child's name, picture, or voice in these productions.

La Oficina de Escuelas Católicas de la Diócesis de Arlington (OCS) y cualquiera de sus escuelas pueden producir o participar en cintas de video, grabaciones de audio, Internet (es decir, sitios web) o fotografías de producciones que pueden involucrar el uso de nombres de estudiante, semejanzas, o voces. Dichas producciones se pueden utilizar con fines educativos y/o de marketing escolar y se pueden copiar los derechos de autor con la escuela conservando todos y cada uno de los derechos de dichas producciones. Tiene derecho a oponerse al uso del nombre, imagen o voz de su hijo en estas producciones.

Check if you do NOT allow your student to participate in these activities:

1. Videotaping (this includes school concerts) _____
2. Audio Recording _____
3. Pictures at School Events _____
4. Internet (other than school website) _____ (I.E. Arlington Diocese website, privateschools.com)
5. School Website Only (**no names used**) _____
6. School Facebook/Instagram site (**no names used**) _____
7. Television (inside building only in the school lobby) _____
7. Other: (specify) _____

Additional Information:

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

¿Alguna vez su estudiante ha sido evaluado por alguna discapacidad [es decir, discapacidades de aprendizaje, trastorno por déficit de atención (hiperactividad), discapacidades emocionales, etc.], inglés como segundo idioma o afección médica? Sí 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 to assess your situation. We may request additional information from you and from an appropriate health professional.

La información sobre discapacidades se solicita con el único propósito de determinar si la escuela puede proporcionar al solicitante una educación adecuada o un ajuste razonable y no se considerará para determinar si él/ella está calificado para la admisión; como tal, si respondió "Sí" a la pregunta anterior, proporcione en una hoja aparte:

- La descripción de cualquier discapacidad o condición médica que pueda afectar la capacidad del solicitante para participar plenamente en los programas académicos y/o de otro tipo proporcionados en nuestra escuela
- Las fechas de IEP, Plan de Asistencia Estudiantil, Estudio de Educación Especial para Niños, Fecha de Elegibilidad para Educación Especial de la escuela pública básica y de la Educación Especial Trienal, si corresponde
- Una solicitud de cualquier ajuste o adaptación para permitir la participación en cualquier programa. Proporcione suficiente evidencia que nos permita evaluar su situación. Podemos solicitar información adicional suya y de un profesional de la salud apropiado.

To be considered for admission, the following documents must accompany this application:

1. Original birth certificate must be presented to school personnel for verification.
2. Must provide a copy of Baptismal Certificate (Catholics only) Reconciliation and Eucharist Certificates (if applicable)
3. Copy of Custody decree (if applicable)
4. Must provide an **active** military ID (if applicable)
5. Current report card including comments **and** the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available (not applicable for kindergarten-grade 2)
7. Commonwealth of Virginia School Entrance Health Form and Immunization records **(Must be submitted prior to beginning of school year)**

Para ser considerado para la admisión, los siguientes documentos deben acompañar a esta solicitud:

1. El certificado original de nacimiento debe ser presentado al personal de la escuela para verificación
2. Debe proveer una copia del Certificado de Bautismo (si es católico solamente), certificados de los sacramentos de la primera comunión (si aplica)
3. Copia del decreto de custodia (si corresponde)
4. Un ID activo **militar** (si aplica)
5. Boleta de calificaciones actual que incluye comentarios y los dos boletines de calificaciones de los años académicos anteriores
6. Puntajes de exámenes estandarizados actuales más los dos años previos, si están disponibles (no aplicable los grados de kinder al segundo grado)
7. Formulario de salud de entrada a la escuela del estado de Virginia y registros de inmunización **(debe enviarse antes del comienzo del años escolar).**

I verify that the information provided within this application is correct and I authorize the release of my student's records. I also agree to comply with all financial policies of the School as described in the parent/student handbook. **Write the name of person responsible for payment of tuition/fees. Responsible person must have signature authority on the bank account for FACTS payments.**

Verifico que la información proporcionada en esta solicitud es correcta y autorizo la publicación de los registros de mi estudiante. También me comprometo a cumplir con todas las políticas financieras de la escuela como se describe en el manual de padres/estudiantes. **Escriba el nombre de la persona responsable del pago de la matrícula/honorarios. La persona responsable debe tener autoridad de firma en la cuenta bancaria para los pagos FACTS.**

FULL LEGAL NAME / RELATIONSHIP TO STUDENT

GRADE YOU ARE REGISTERING FOR

_____ EMAIL ADDRESS IF NOT PARENT/GUARDIAN (REQUIRED FOR FACTS NOTIFICATIONS)

LIST EACH SIBLING WHO IS A ST. ANTHONY OF PADUA STUDENT FOR THE 2019-20 SCHOOL YEAR

STUDENT/GRADE

STUDENT/GRADE

STUDENT/GRADE

STUDENT/GRADE

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

If referred by a St. Anthony of Padua School family, list parents' first and last names. _____

-----SCHOOL FINANCE OFFICE ONLY-----

Tuition Amount \$ _____

Finance Office Approval _____

OR Modified Rate \$ _____

Finance Office Signature/Date