



- Birth Certificate
- Baptismal Record
- Report Card
- Physical Report
- Immunization Record
- Standardized Test Scores

Application for 2015-2016
OFFICE US ONLY
_____ Grade entering
_____ Receiving Date

Student Name: _____ Date of Birth: _____ Sex: F _____ M _____

Last First Middle

Date Entered: _____ Grade Entering: _____ Place of Birth: _____ Social Security Number: _____

Last School Attended: _____ School Address and Phone: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Street City State Zip Code Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Father's Email Address: _____ Mother's Email Address: _____

Father's Occupation: _____ Mother's Occupation: _____

Business Name: _____ Phone: _____ Business: _____ Phone: _____

Address: _____ Address: _____

Street City State Zip Code Street City State Zip Code

Custodial Parent(s): _____ Both Parents _____ Father _____ Mother _____ Other: _____

Please indicate if parents are living together, divorced, deceased, etc.

Are there any court orders regarding educational decisions or custody of the child? _____ No _____ Yes *If Yes, a copy must be furnished*

Please Initial: _____ I understand that the staff, administration and faculty of Saint Luke Catholic School support the sacrament of marriage and will not participate in any divorce proceeding or custody hearing in an official capacity.

Ethnic Background: _____ Asian _____ Hispanic _____ Pac. Islander/Hawaiian _____ Black _____ Multi-Racial _____ White Non-Hispanic

Language spoken at home: _____

Religious Affiliation: _____ If Catholic, name of Church at which you are registered: _____

If Catholic, child's Baptismal date: _____ First Communion: _____

Church: _____ Church: _____

Address: _____ Address: _____

Who is authorized to pick up your child other than the parents?			Medical Treatment Form		
Name	Relationship	Phone	I _____ (Parent/Guardian) give Saint Luke School and its designated representative permission to sign all forms related to the necessary treatment for _____ (Child).		
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
Emergency Contact other than the parents:			I also permit all required medical treatment to be administered by qualified medical personnel, including 911.		
Name	Relationship	Phone			
_____	_____	_____			
_____	_____	_____			
Please list all of the student's siblings:			List all medication(s) student is taking: _____ _____ _____ _____		
Name	Date of Birth	School			
_____	_____	_____			
_____	_____	_____			
Please complete the following—has your child:			List all medication(s) student is allergic to: _____ _____ _____ _____		
1. Been referred and/or evaluated for special learning needs? ___Yes ___No					
2. Been diagnosed with any type of special learning needs? ___Yes ___No					
3. Been on a support plan or an IEP? ___Yes ___No					
If you answered "YES" to any of these questions, please explain below. Written documentation must be submitted at the time of placement.			Is there any life threatening medical condition/allergy or physical limitation we should be aware of? _____ _____ _____ _____		

_____			(Parent/Guardian Signature)		

I understand that this completed application form does not guarantee admission into Saint Luke Catholic School.

Father's Signature

DL#

Date

Mother's Signature

DL#

Date