

**St. John the Evangelist Preschool Program**

**Please check your preference of first and second choice:**

**PRESCHOOL PROGRAM (for students who will be 2-1/2 years old by September 30<sup>th</sup>).**

**Tuesday and Thursday mornings only \_\_\_\_\_**

**PRESCHOOL PROGRAM (for students who will be 3 years old by September 30<sup>th</sup>)**

**First Choice: 2-Day Class- T / TH \_\_\_\_\_ 3-Day Class- M-W-F \_\_\_\_\_**

**Second Choice: 2-Day Class T / TH \_\_\_\_\_ 3-Day Class- M-W-F \_\_\_\_\_**

**Please indicate if a student entering the Preschool Program requires a five day class.**

**PRE-Kindergarten PROGRAM (for students who will be 4 years old by September 30<sup>th</sup>)**

**First Choice: 3-Day Class- M-W-F \_\_\_\_\_ 4-Day Class-T-F \_\_\_\_\_ 5-Day Class- M-F \_\_\_\_\_**

**Second Choice: 3-Day Class- M-W-F \_\_\_\_\_ 4-Day Class-T-F \_\_\_\_\_ 5-Day Class –M-F \_\_\_\_\_**

**All students must be ‘potty trained’.**



# Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

Name of School \_\_\_\_\_ School Year \_\_\_\_\_ Applying for Grade \_\_\_\_\_ If PreK:  ½ Day  Full Day

Will student be the only child at this school?  Yes  No Oldest Child at this school?  Yes  No

If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

## Student Data

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State, Country of Birth \_\_\_\_\_  
(mm/dd/yyyy) (city) (state) (country)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email for official school communication \_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

Religion (check one):  Catholic  Other

## For Catholic Applicants

	Date	Church	City and State
Baptism	____/____/____	_____	_____
Reconciliation	____/____/____	_____	_____
First Eucharist	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

Parish currently registered at: \_\_\_\_\_

## Previous Schools Attended

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____

Public School System in which student resides \_\_\_\_\_

Public School Child Would Attend \_\_\_\_\_



# Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

## Family Background

Student Lives with: \_\_\_\_\_

### **Mother/Female Guardian**

Full Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Country of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home City, State, ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Home Email \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Work Email \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Parish \_\_\_\_\_

### **Father/Male Guardian**

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Marital Status (Circle) Married Separated Divorced\*  
 Widowed Single Remarried

***\*Appropriate custody paperwork MUST be attached.***

Married Separated Divorced\*  
 Widowed Single Remarried

***\*Appropriate custody paperwork MUST be attached.***

## Name and Address of person responsible for tuition/fees payment

Name \_\_\_\_\_

If not a parent or guardian listed above, please complete:

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_



# Application for Admission to Diocese of Arlington Catholic Schools

Appendix J

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

1. Non-refundable application fee
2. Copy of Baptismal Certificate (Catholics only)
3. Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)
4. Immunization Record
5. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year)**
6. Current year's report card, including comments, **and** two (2) previous academic year's report cards (if applicable)
7. Current standardized test scores plus the two previous years, if available
8. If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
9. If applicable, provide a copy of your student's **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes, and/or a Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
10. If applicable, provide a copy of your student's custody decree.

I certify the information provided in this document to be true and accurate to the best of my knowledge.

\_\_\_\_\_ / / \_\_\_\_\_  
 Printed Name of Parent/Guardian                      Date                      Signature of Parent/Guardian

**Demographic Data**

The following information is optional and confidential. This information is used for our applications for Federal Grants and submissions to the National Catholic Educational Association's annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

Student's ethnicity:     Hispanic/Latino                       Other  
 Student's race:     American Indian/Native Alaskan     Native Hawaiian/Pacific Islander     Black     Asian     White     Multi-Racial

<b><u>OFFICE USE ONLY:</u></b>					
Application Date _____		Date Accepted _____			
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Physical Form	<input type="checkbox"/> Report Cards
<input type="checkbox"/> Test Scores	<input type="checkbox"/> Scholastic Form	<input type="checkbox"/> Custody Decree	<input type="checkbox"/> Assessment/Interview		
<input type="checkbox"/> Confirmation of Parish Reg. Form	<input type="checkbox"/> In Parish	<input type="checkbox"/> Out of Parish	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other/Non-Catholic	
<input type="checkbox"/> ½ Day PreK	<input type="checkbox"/> Full Day PreK	Grade _____	Room Number _____		
Teacher/Advisor _____					