

SAINT DENIS-SAINT COLUMBA SCHOOL



PLEASE BRING THIS COMPLETED FORM TO THE
PRINCIPAL OF THE SCHOOL YOU SELECTED.
**A MEETING WITH THE PRINCIPAL IS REQUIRED
IN THE APPLICATION PROCESS.**

STUDENT APPLICATION

School District _____ Date of Application _____

Grade Applying for _____ Birth Certificate # _____

Child's Information				
Name _____				
Last		First		Middle
Address _____	Apt. # _____	City _____	State _____	Zip Code _____
Phone # _____		Cell # _____		
Date of Birth _____		Gender _____		
Religion _____		Parish _____		

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child Resides with _____ Relationship _____

Mother's Information	(Please Circle)	Single	Married	Separated	Divorced	Deceased
Name _____						
Last		First		Middle		
Address _____	Apt. # _____	City _____		State _____	Zip Code _____	
Religion _____		Email _____		Phone _____		
Job Title _____			Business Address _____			

Father's Information	(Please Circle)	Single	Married	Separated	Divorced	Deceased
Name _____						
Last		First		Middle		
Address _____	Apt. # _____	City _____		State _____	Zip Code _____	
Religion _____		Email _____		Phone _____		
Job Title _____			Business Address _____			

Initial: _____



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APPLICATION FOR ADMISSION

School Name _____

Custody of Child (if applicable)	
Custodial Parent _____	Relationship _____
Documentation _____	
Date Provided _____	

Guardianship of Child (if applicable)	
Guardian _____	Name _____
Relationship _____	
Documentation _____	
Date Provided _____	

Child's Education

Previous School Attended

Name	Address	Grades Completed	Dates

Child has been evaluated by the district **Committee on Special Education**. Yes ___ No ___

Child has been evaluated by a private psychological or educational agency. Yes ___ No ___

If answer to either or both statements above is **YES**, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other:			

If child has been seen by the public district **Committee on Special Education**, applicant must complete the following:

1. Was an IEP ever generated? Yes ___ No ___ Copy Submitted _____
 Date

2. Child has a **Section 504 Accommodation Plan**? Yes ___ No ___ Copy Submitted _____
 Date

District Name and #	Date of Most Recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete, or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook, including those provisions referencing inoculations. Final acceptance of this application is dependent on all outstanding fees being paid in full to any previous school(s). Acceptance notices will be mailed.

Signature of Parent or Guardian _____

Date: _____

Initial: _____