



# APPLICATION FOR ADMISSION 2020-2021

CATHEDRAL SCHOOL OF SAINT MARY

910 SAN JACINTO BLVD., AUSTIN, TEXAS 78701

(512) 476-1480 • WWW.SMCSCHOOLAUSTIN.ORG

## STUDENT INFORMATION

Please type or print.

Full Name of Applicant \_\_\_\_\_  
Last Name First Middle Preferred Name

Male  Female Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Anticipated Grade for 2020-2021 \_\_\_\_\_ Age as of September 1, 2020 \_\_\_\_\_  
*Must be 5 by Sept 1 to enter Kindergarten*

Street Address City State Zip Code Years at this Address

Is this student related to a current or former student of Catholic School of Saint Mary?  Yes  No If yes, name of relative(s) \_\_\_\_\_

Which School District does your family reside in?  Austin  Del Valle  Hays  Leander  
 Manor  Pflugerville  Round Rock  Other \_\_\_\_\_

Name of the public school to which the child belongs: \_\_\_\_\_ Language(s) Spoken at home: \_\_\_\_\_

For statistical purposes only, please choose one from each category - Ethnicity and Race. (Categories taken from the US Census)

Ethnicity  Hispanic  Non-Hispanic

Race  American Indian/Native American  Asian  Black/African American  
 Native Hawaiian/Pacific Islander  White  Two or more races

## SCHOOL INFORMATION

Student's current school name City State Dates/grade attended

Student's previous school name City State Dates/grade attended

Has student ever been suspended or asked to leave any school? If yes, explain \_\_\_\_\_

Indicate below any diagnosis and/or special considerations needed for your child.  None

- Has a diagnosed learning disability
- Has a diagnosed behavior disorder
- Has a diagnosis of ADD or ADHD
- Has a physical disability
- Requires daily medication or services of any kind
- Has received dual language services
- Has received psychological counseling
- Has received speech or special education services
- Other \_\_\_\_\_

If the child falls under any of the above listed areas, please list accommodations that have been recommended.

Please list any medications your child is presently taking.

## CATHOLIC SACRAMENTS INFORMATION

	Baptism	Reconciliation	First Eucharist	Confirmation
Date	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>
Parish				
City, State				

## PARISHIONER STATUS

Students' religion \_\_\_\_\_

Our family is registered members at \_\_\_\_\_ Church in \_\_\_\_\_

Our family is not registered with any parish. City \_\_\_\_\_

## FAMILY INFORMATION

Parents Marital status  Married  Separated  Divorced\*  Father remarried\*  Mother remarried\*  Not Married

Student lives with  Mother and Father  Mother  Father

Guardian, Relationship \_\_\_\_\_  Other \_\_\_\_\_

*\*If the student's parents are divorced or legally separated, a certified copy of the court order or decree must be submitted with application.*

Mailings should be sent to  Parents  Mother  Father  Guardian, Relationship \_\_\_\_\_

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

Please check:  Mr.  Dr.  Deceased

Please check:  Ms.  Dr.  Deceased

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Preferred name \_\_\_\_\_

Preferred name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

DL # \_\_\_\_\_

DL# \_\_\_\_\_

Place of employment \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation/title \_\_\_\_\_

Occupation/title \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

**STEPFATHER**

**STEPMOTHER**

Please check:  Mr.  Dr.  Deceased

Please check:  Ms.  Dr.  Deceased

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Preferred name \_\_\_\_\_

Preferred name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

DL # \_\_\_\_\_

DL# \_\_\_\_\_

Place of employment \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation/title \_\_\_\_\_

Occupation/title \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

List all children in the family, including the applicant, in order of birth:

Name	Sex	Age	Date of Birth	Current Grade	Current School