



**APPLICATION FOR ADMISSION**

School Name \_\_\_\_\_

Date of Application \_\_\_\_\_

For a complete list of schools, please click **FIND A SCHOOL** on [www.BuildBoldFutures.org](http://www.BuildBoldFutures.org)

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: \_\_\_\_\_



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

**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: \_\_\_\_\_