

# St. Clare of Assisi Catholic School

3131 El Dorado Blvd.

Houston, Texas 77059

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## APPLICATION FORM

2019-2020

Date: \_\_\_\_\_

Application for Grade: \_\_\_\_\_

Accepted for Grade: \_\_\_\_\_

By means of this application, the Administration of St. Clare of Assisi Catholic School welcomes your interest. Prior to the scheduling of an interview, we would appreciate the following information.

Dr. Al Varisco, Principal

Father Vincent Vuong-Quoc Nguyen

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

*\*If applying from out of city or state, please list current address and phone number.*

Parents/Guardians \_\_\_\_\_

(Please check which apply) Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Work Phone Numbers: Mother ( ) \_\_\_\_\_ Father ( ) \_\_\_\_\_

Previous School Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address \_\_\_\_\_

Principal \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Church/Parish in which family is registered \_\_\_\_\_

Religion (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**-Over-**

How did you hear about us?

\_\_\_\_\_ Church Bulletin \_\_\_\_\_ St. Clare School Family (Please provide name.) \_\_\_\_\_

\_\_\_\_\_ Newspaper \_\_\_\_\_ Community Newsletter \_\_\_\_\_ Website \_\_\_\_\_ Phone book

Please list any **allergies to foods or materials:** \_\_\_\_\_

Describe any tutoring or special help the child is receiving or has received: \_\_\_\_\_

Speech Therapy \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_

Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Vision Therapy \_\_\_\_\_

Other: \_\_\_\_\_

Please list any medications the child is currently taking:

Daily basis: \_\_\_\_\_ occasionally: \_\_\_\_\_

Number of children in the family and the name of school each child attends:

_____	_____	_____
Name	Grade	School

_____	_____	_____
Name	Grade	School

_____	_____	_____
Name	Grade	School

_____	_____	_____
Name	Grade	School

Please indicate the grade for which you are submitting this application:

\_\_\_\_\_ PK3 (Monday-Friday 8AM-3PM)

\_\_\_\_\_ PK4 (Monday-Friday 8AM-3PM)

\_\_\_\_\_ Kindergarten (Monday-Friday 8AM-3PM)

\_\_\_\_\_ Elementary Grades 1<sup>st</sup>-5<sup>th</sup> (Monday-Friday 8AM-3PM)

\_\_\_\_\_ Middle School Grades 6<sup>th</sup>-8<sup>th</sup> (Monday-Friday 8AM-3PM)

I am interested in \_\_\_\_\_ before-school care \_\_\_\_\_ after-school care \_\_\_\_\_ both.