



NEW STUDENT APPLICATION FORM

Visitation Catholic School accepts applicants regardless of gender, race, religion, or national origin.

STUDENT INFORMATION	
Application for Grade (check one) <input type="checkbox"/> PK3 <input type="checkbox"/> PK4 <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
Applicant's Name (Last Name, First and Middle Names)	
Applicant lives with (check one) <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female Place of Birth (City/State)
Last School Attended	
Does your child have an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain your child's learning needs:	
Religion	Date of Baptism (if Catholic)
Date of First Communion	
Ethnic Background (check one) <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other_____	
PARENT/GUARDIAN INFORMATION	
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Father's Name (Last Name, First Name)	
Address	
Telephone	E-mail Address
Religion	Occupation
Business Address	
Mother's Name (Last Name, First Name; include Maiden name)	
Address (if different from above)	
Telephone	E-mail Address
Religion	Occupation
Business Address	
Are you registered contributing members of Visitation Catholic Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, and you are a Catholic family, what is your parish?	
Please list the name of a referral so we may recognize them and thank them. (If applicable);	
List 3 reasons why you wish to send your child to Visitation Catholic School.	
1.	
2.	
3.	
As the parents/guardians, we understand the following: <ul style="list-style-type: none"> ✓ This form constitutes an application for enrollment and does not automatically guarantee my child's acceptance to the school ✓ With this form there is a \$25 application fee which is non-refundable ✓ Unless there is complete cooperation between parents/guardians, priests, school faculty and staff in all school and parish activities, parents may be asked to place the child in another school ✓ If the child is accepted at Visitation Catholic School, parents/guardians are expected to participate in the educational process, including participation and support of the school's programs, parents' organization, fundraisers, and social activities ✓ Tuition payments shall be kept current or continued enrollment may be terminated 	

Signature of Mother/Guardian	Date	Signature of Father/Guardian	Date