



Lumen Christi Catholic School

PreK – 8 Application

Admissions Process

1. Complete and return Application and \$50 application fee to:

Lumen Christi Catholic School
580 E. Stevens Street
Indianapolis, Indiana 46203

Personal Check attached

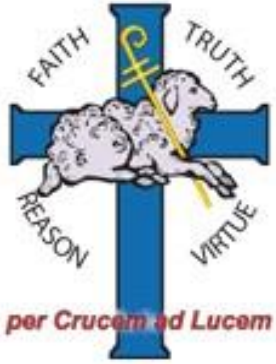
Payment sent via PayPal

2. Upon receipt, you will be contacted to schedule an appointment for an interview and student testing. Please mail or bring to the appointment the most recent report card, behavior report, achievement test, attendance record, and any other pertinent information.
3. You will be notified in a timely manner whether your child is accepted for admission.
4. A non-refundable Registration Deposit (\$80 per student, maximum of \$240 per family) is due within two weeks of acceptance. The deposit is applied to tuition, and families making a timely payment will receive a tuition reduction of \$50 per student. Families seeking financial aid must complete an application through the FACTS online system within two weeks of acceptance. All families may set up monthly payments of tuition and Instructional Materials fees through FACTS.

(317) 632-3174

bcollins@lumenchristischool.org

www.LumenChristiSchool.org



Lumen Christi Catholic School

Family Application

Father's Information

_____			_____
Name			home phone
_____			_____
Street Address			cell phone
_____			_____
City	State	Zip	work phone
_____			_____
Employer		Position	e-mail

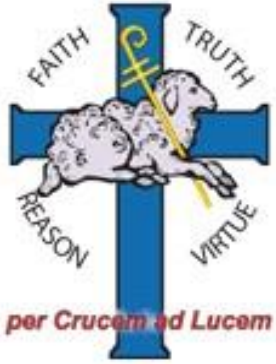
Mother's Information

Check here if same address



_____			_____
Name			home phone
_____			_____
Street Address			cell phone
_____			_____
City	State	Zip	work phone
_____			_____
Employer		Position	e-mail

Current Parish



Lumen Christi Catholic School

Family Application

Lumen Christi asks that you provide a letter from your parish stating that you are a practicing Catholic in good standing. You can obtain this by emailing or calling your parish. If your parish prefers to send this acknowledgement via email, it can be sent to bcollins@lumenchristischool.org

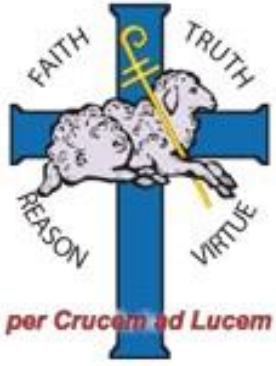
As a Lumen Christi family, would you affirm Catholic doctrine and worship, in belief and practice?

Yes

No

Children Applying for Admission	Birth Date (mm/dd/yyyy)	Grade Applying For
1. _____	___/___/_____	_____
2. _____	___/___/_____	_____
3. _____	___/___/_____	_____
4. _____	___/___/_____	_____
5. _____	___/___/_____	_____
6. _____	___/___/_____	_____
7. _____	___/___/_____	_____
8. _____	___/___/_____	_____

Parents' Signatures _____ Date _____
 _____ Date _____



Lumen Christi Catholic School

Student Application

Student's Full Name _____

Date of Birth (mm/dd/yyyy) ____/____/____

Grade Applying For _____

Student's Current Grade _____

Current School _____

Student's Religion _____

Sacraments Received: Baptism First Holy Communion First Penance Confirmation

Describe the student's education history (previous schools, classes, homeschooling).

Describe the student's extracurricular interests and/or achievements.

Any significant illnesses, accidents, or experiences?

Does the student currently take medications on a daily basis? If so, please provide the name and dosage. _____

Has the student ever had:

	<u>Yes</u>	<u>No</u>
1. Vision screen?	<input type="radio"/>	<input type="radio"/>
a. Does the student wear glasses?	<input type="radio"/>	<input type="radio"/>
2. Hearing screen?	<input type="radio"/>	<input type="radio"/>
a. Does the student wear hearing aids?	<input type="radio"/>	<input type="radio"/>
3. Speech screen?	<input type="radio"/>	<input type="radio"/>
a. Has the student been provided services?	<input type="radio"/>	<input type="radio"/>
4. Language evaluation?	<input type="radio"/>	<input type="radio"/>
a. Has the student been provided services?	<input type="radio"/>	<input type="radio"/>
5. Psychoeducational testing?	<input type="radio"/>	<input type="radio"/>
6. Physical therapy?	<input type="radio"/>	<input type="radio"/>
7. Occupational therapy?	<input type="radio"/>	<input type="radio"/>
8. Counseling?	<input type="radio"/>	<input type="radio"/>

9. If you answered yes to any of the above, please explain the circumstances and the names/addresses of the providers.



Lumen Christi Catholic School

Student Application

Student's Name (Please Print) _____

SPECIAL NEEDS

Lumen Christi can work with minor learning challenges that require few, if any, accommodations. Learning challenges are not a basis for automatic disqualification. However, the school is not capable of designing instruction for students with serious learning disabilities. While our small class sizes are helpful in engaging students with diverse learning styles and abilities, small class size is not an effective remedy for more pronounced learning challenges.

We wish to be sensitive to the needs of our incoming students by being up front about our capacity to accommodate special needs in our instruction.

Does this applicant have a verified (tested) learning disability?

Yes

No

Please explain the nature of the learning disability:



Lumen Christi Catholic School

Student Recommendation

In order to complete the student's application for admission to Lumen Christi Catholic School, this form must be completed by a non-related adult, such as a priest, previous teacher, or family friend, who is acquainted with the moral character and behavioral qualities of the student.

Student's Name (Please Print) _____

Student's Current Grade _____

The student named above is applying for admissions to Lumen Christi Catholic School. Your honest evaluation will be beneficial to the admissions process. Please complete this form and return it to Lumen Christi Catholic School at:

Lumen Christi Catholic School
580 E. Stevens Street
Indianapolis, Indiana 46203

Your comments will be held in strict confidence. Thank you for your interest in this student.

Please circle the number that best applies in each category:

Social/Emotional Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectation
Cooperates with adults	1	2	3	4
Engages appropriately with peers	1	2	3	4
Appropriate awareness of self/others	1	2	3	4
Works independently	1	2	3	4
Accepts limits/routines	1	2	3	4
Exhibits self-control	1	2	3	4
Resolves conflicts independently	1	2	3	4
Responds well to correction	1	2	3	4
Attends to personal needs without help	1	2	3	4



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Student Recommendation

Academic Skill Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectation
Reading skills	1	2	3	4
Math skills	1	2	3	4
Completes homework in a timely manner	1	2	3	4
Works cooperatively	1	2	3	4
Listens in a group	1	2	3	4
Can focus on one task	1	2	3	4
Is a self-starter	1	2	3	4
Completes task in given time	1	2	3	4
Understands and follows directions	1	2	3	4
Understands sequences	1	2	3	4
Remembers information	1	2	3	4
Expresses thoughts appropriately	1	2	3	4
Contributes appropriate remarks to a group discussion	1	2	3	4

Physical Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectation
Fine motor control	1	2	3	4
Gross motor control	1	2	3	4
Speech development	1	2	3	4

Printed Name of Person Who Completed Form

Date

Relationship to Student
