

# VISITATION CATHOLIC SCHOOL

A Catholic Tradition of Excellence In Education – Since 1947  
Junior Kindergarten through 8th Grade

## 2012-2013 NEW FAMILY APPLICATION FOR ADMISSION

Please complete one application PER CHILD you wish to enroll in the school.

Check Grade Student Will Be Entering									
JK	K	1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Print Clearly

### A. Student Information

Name \_\_\_\_\_ M  F  Date of Birth \_\_\_\_\_  
Name of School \_\_\_\_\_ Current Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

### B. Family Information

**Parent / Guardian** \_\_\_\_\_ Religion \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
email address \_\_\_\_\_

**Parent / Guardian** \_\_\_\_\_ Religion \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
email address \_\_\_\_\_

### C. Parish Information

Name \_\_\_\_\_ Registered Yes  No

### D. Special Notes

1. A copy of the students' **most recent report card / standardized test scores.** Yes  No
2. Does your child have an IEP or 504 plan? Yes  No
3. Please provide information regarding any academic or physical accommodations needed for your child to succeed in the classroom, if applicable. Yes  No
4. Has your child ever been retained? Yes  No
5. Copy of immunization record is attached? Yes  No

Referred by: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

