

APPLICATION FOR ADMISSION
SCHOOL YEAR 2010-2011
St. Dominic School

Applying for Grade _____ **Date of Application** _____

Name of Student _____ M _____ F _____

Home Address _____

Home Phone _____ Street _____ City _____ Zip _____
E-mail _____

Date of Birth _____ Place of Birth _____

Applicant's Religious Affiliation _____

Baptism Date _____ Church _____

1st Communion Date _____ Church _____

Presently enrolled at _____

Phone number _____ Address _____ Grade _____

Has applicant ever repeated a grade? Yes ___ No ___ Which grade _____

Has applicant had learning problems identified? No ___ Yes ___ What was the nature of the learning problem? _____

Why do you want your child/children to attend St. Dominic School?

FATHER

MOTHER (Maiden Name)

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Employer Ph. # _____

Employer Ph. # _____

Occupation _____

Occupation _____

Religious Affiliation _____

Religious Affiliation _____

Applicant lives with _____ Both Parents _____ Mother _____ Father _____ Guardian

List other children attending St. Dominic's _____

List other children applying to St. Dominic's _____

Are you a registered and contributing member of St. Dominic's Church? _____

Registration number _____

Are you a registered member of another parish? _____ Name of parish _____

Please attach a copy of: **Birth Certificate Shot Records Baptismal Certificate**

For Grades 1-8 please attach a copy of latest report card and standardized test results.
Please give Confidential Teacher Report and Release & Consent form to current teacher.

Thank you for your application to St. Dominic School. New applicants should attach your \$25.00 non-refundable application fee per application.

Once your application and testing have been completed, your child will be placed on our waiting list. You will be notified when a space for your child is available. Applications must be renewed every year.

Signature of Parent _____ **Date** _____

A limited amount of financial aid is available for families with a demonstrated need for assistance. Please check if you wish to apply _____