



Office Use Only	
Date Received:	_____
Accepted:	Yes No
Letter Sent:	_____
Accept. Paid:	Yes No

Application for Grades Kindergarten – 8th Grade

Applying for Grade: _____ For the: _____ School year

Please return the application and the following items. Applications are not complete until all items are received.

- _____ \$75 non-refundable application fee, checks payable to St. Leo Catholic School
(A \$150 non-refundable acceptance fee will be due upon acceptance.)
- _____ Testing application and fee sent to ABC Screening
- _____ Copy of birth certificate
- _____ Copy of the student's baptismal certificate (*Catholic Students Only*)
- _____ Copy of the student's current report card and previous year final report card
- _____ Copy of the student's current report card and previous year standardized test scores
- _____ Proof of Physical Exam and Immunizations (Health Form enclosed)

Child's Full Name: _____
 Permanent Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Date of Birth: _____ Male _____ Female _____
 With whom does the applicant reside*: _____
 * Court documents are required for legal custody cases.

Religion: Please specify Roman Catholic (RC) or Non-Catholic (NC) for each: Mother _____ Father _____ Guardian _____
 If Catholic, Parish Registered In: _____ City and State: _____
 If Non-Catholic, Name of Religion: _____
 Has Child received First Eucharist: Yes _____ No _____ If yes, date received: _____
 Has Child received Confirmation: Yes _____ No _____ If yes, date received: _____
 Has the applicant ever been enrolled in an area Catholic school? Yes _____ No _____ If yes, last year enrolled: _____
 Which School: _____

Father's Name (or Legal Guardian): _____
 Father's Address: _____
 City: _____ State: _____ Zip: _____
 Home Number: _____ Cell Number: _____ Work Number: _____
 Email: _____
 Company: _____ Occupation Title: _____
 Company Address: _____

Mother's Name: _____
 Mother's Address: _____
 City: _____ State: _____ Zip: _____
 Home Number: _____ Cell Number: _____ Work Number: _____
 Email: _____
 Company: _____ Occupation Title: _____
 Company Address: _____

Names, grades and ages of other children:

School Information

Currently in Grade: _____ Present School: _____

City: _____ State: _____ Zip: _____

Name of Principal or head of school: _____ School Number: _____

Previous schools Child has attended: _____ Grades Completed: _____

_____ Grades Completed: _____

_____ Grades Completed: _____

Grades repeated, if any: _____

Has the Child ever received auxiliary services such as outside tutoring, psychological or educational testing, speech/language assistance, or professional counseling? Yes _____ No _____

If yes, please explain: _____

Please provide a copy of any test results.

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Has the applicant been hospitalized for significant medical treatment? If yes, please describe: _____

Has a physician ever prescribed any medication for attention or emotional concerns, or is the applicant presently receiving such medication? Yes _____ No _____

If yes, list medication and possible side effects: _____

List any other health or learning considerations needed for this child: _____

If English is not the primary language spoken at home, what is: _____

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Additionally, final acceptance also includes:

- _____ \$150 non-refundable acceptance fee
- _____ Tuition Contract and SCRIP Agreement Form
- _____ Parish Participation Subsidy Voucher (*Catholic Students Only*)
- _____ Records Release Form

These statements are true and accurate to the best of my knowledge. I have enclosed a \$75 check for the application fee per student.

Signature of Parent (or Guardian): _____ Date: _____