

=====GRADES 1-8 APPLICATION FOR ADMISSION=====

SAINT LUKE CATHOLIC SCHOOL
7005 GEORGETOWN PIKE McLEAN, VA
TEL#: (703) 356-1508 FAX#: (703) 356-1141

DATE OF APPLICATION: _____ **CHILD'S SOCIAL SECURITY#:** _____ **ENTERING GRADE for AUGUST:** _____

CHILD'S FULL NAME:

_____ (LAST) (FIRST) (MIDDLE)

BIRTHPLACE: _____ **DATE OF BIRTH:** _____

PRESENT PARISH: _____

LIST NAMES of OTHER FAMILY MEMBERS ATTENDING THIS SCHOOL:

NAME OF LAST SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

FATHER'S NAME: _____ **MOTHER'S FIRST & MAIDEN NAME:** _____

OCCUPATION: _____ **OCCUPATION:** _____

EMPLOYER: _____ **EMPLOYER:** _____

BUSINESS TEL#: _____ **BUSINESS TEL#:** _____

RELIGION: _____ **RELIGION:** _____

PRESENT HOME ADDRESS: _____
(HOUSE/APT NUMBER AND STREET NAME)

_____ (CITY) (STATE) (ZIPCODE)

HOME TELEPHONE #: () _____ **FAX#:** () _____

Please submit a copy of the student's baptismal certificate and birth certificate.

SACRAMENTAL DATA

SACRAMENT: _____ **CHURCH NAME:** _____ **CITY/STATE:** _____ **DATE:** _____

BAPTISM:

FIRST PENANCE:

FIRST EUCHARIST:

CONFIRMATION:

STUDENT DATA

Please complete the following questions to better assist us in the education of your child:

Has your child ever received special testing? ____ YES ____ NO

EXPLAIN: _____

Has your child ever been "tested" for any learning disabilities? ____ YES ____ NO

EXPLAIN: _____

Has your child ever attended a special school? ____ YES ____ NO

EXPLAIN: _____

Is your child repeating Kindergarten? ____ YES ____ NO

EXPLAIN: _____

Are there any physical handicaps about which the school should be aware? ____ YES ____ NO

EXPLAIN: _____

Has your child ever received counseling services? ____ YES ____ NO

If yes, please explain: _____

STATEMENT

The information contained on this form is correct. I understand that this is an application form only and does not constitute a commitment for enrollment.

Permission is given for Saint Luke School to contact my child's current and former schools for records and information regarding my child's academic achievement, social behavior and his/her relationship with others.

SIGNATURE (S) OF PARENT (S):

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THIS APPLICATION IS OFFICIALLY RECEIVED FOR CONSIDERATION UPON RECEIPT OF COMPLETED INFORMATION AND A \$100.00 NON-REFUNDABLE FEE MADE PAYABLE TO SAINT LUKE SCHOOL.
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OFFICE USE ONLY: _____ **SIB RIPB ROPB OPB OF**
Registration Fee Paid: _____ **SCHOOL INFORMATION RECEIVED:** _____
DATE of RECEIPT: _____ **STATUS:** _____