

=====**KINDERGARTEN APPLICATION FOR ADMISSION**=====

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

DATE OF APPLICATION:

CHILD'S
SOCIAL SECURITY#:

CHILD'S FULL NAME:

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)

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

SACRAMENTAL DATA

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

BAPTISM:

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 St. 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):

THIS APPLICATION IS OFFICIALLY RECEIVED FOR CONSIDERATION UPON RECEIPT OF COMPLETED INFORMATION AND A \$ 100.00 NON-REFUNDABLE FEE MADE PAYABLE TO ST. LUKE SCHOOL.

OFFICE USE ONLY: SIB RIPB ROPB OPB OF

Registration Fee Paid: _____ SCHOOL INFORMATION RECEIVED _____

DATE of RECEIPT: _____ STATUS _____