



## APPLICATION FOR ADMISSION

*Please return this Application for Admission with a \$100 application fee per student to the school office.*

Applying for School Year: \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Date of Application \_\_\_\_\_

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**Applicant's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Birth Place (city)** \_\_\_\_\_ **Religion of Applicant** \_\_\_\_\_

*(New students applying to grades K and 1<sup>st</sup> must be compliant with the September 1 birthday cutoff)*

**Home Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Applicant's Current School** \_\_\_\_\_ **Current Grade/level** \_\_\_\_\_

**Contact Person and Telephone at Current School:** \_\_\_\_\_

**Child's Race/Ethnicity (optional)** \_\_\_\_\_ ☐ Hispanic ☐ Non-Hispanic

**Child's Baptism Date & Location (not required/provide copy of certificate if applicable):** \_\_\_\_\_

**First Communion Date & Location (not required/provide copy of certificate if applicable):** \_\_\_\_\_

**Family's Home Parish (if applicable)** \_\_\_\_\_ **City** \_\_\_\_\_

### PARENT INFORMATION

**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Father's Occupation** \_\_\_\_\_

**Business/ Address** \_\_\_\_\_ **Birthplace** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Mother's Occupation** \_\_\_\_\_

**Business/ Address** \_\_\_\_\_ **Birthplace** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Is either parent an alumnus?** \_\_\_\_\_ **If so, what year did you graduate from St. Isabella School?** \_\_\_\_\_

**Child is living with:** ☐ Mother & Father ☐ Mother ☐ Father ☐ Other

**Other children/ages** \_\_\_\_\_



**SAINT ISABELLA**  
SCHOOL  
EDUCATING TOMORROW'S LEADERS

**Please answer the following questions in order for us to get to know you and your child:**

Why have you chosen Saint Isabella School for your child's education? \_\_\_\_\_

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Are there **any health conditions, behavior issues or learning style differences** that we should be aware of? \_\_\_\_\_

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Is your child currently receiving special services? Tutoring? *(if yes, please describe)* \_\_\_\_\_

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Please share with us a brief description of your child (strengths, weaknesses, hobbies, etc.) \_\_\_\_\_

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Please tell us how you heard about Saint Isabella School \_\_\_\_\_

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**Will your family be applying for financial aid?** ☐ Yes ☐ No

[Office use only] Check # \_\_\_\_\_ BAP \_\_\_\_\_ EVAL/RC \_\_\_\_\_ DOB \_\_\_\_\_ TOUR \_\_\_\_\_ SDW \_\_\_\_\_ Completion Date \_\_\_\_\_