



**SAINT
COLETTE
SCHOOL**

Application for Admission

Please complete one form for each student applying. Thank you.

Section I: STUDENT INFORMATION

Applying for Grade: _____ Academic Year: _____

STUDENT'S FULL NAME

NICKNAME, IF ANY

Male Female

Date of Birth

Place of Birth (city & state or country)

Last School Attended

Religion

Baptismal Information (Date, Church, City & State)

Student Address

Student lives with: Mother & Father Mother Father Other: _____

Medical, surgical condition(s), allergies we should be aware of: NO YES (explain below)

Section II: PARENT INFORMATION

PARENT NAME Mother Father Other

PARENT NAME Mother Father Other

Parent 1 Phone Landline Cellular

Check box to opt out of SMS/text communication

Parent 2 Phone Landline Cellular

Check box to opt out of SMS/text communication

Parent 1 Email

Parent 2 Email

Parent Address (if different than student's address)

Parent Address (if different than student's address)

Parent Occupation

Parent Occupation

Communication Preferences: Our school will communicate equally with both parents or legal guardians unless other written instructions are provided to us. We may utilize telephone, email, SMS/text messaging, and documents sent home for the purposes of communication. IF your family requires a modification to our communication methods, please initial this paragraph and attach a letter detailing your needs. _____

Who will be financially responsible for the education of the child? _____

Would you like us to send you information about Financial Aid? Y / N *Note: financial aid has NO bearing on admission decisions.

Race (optional)*

American Indian or Alaskan

Asian

African American

White / Caucasian

Native Hawaiian or Pacific Islander

Middle Eastern

Hispanic / Latino

Other

Languages Spoken at Home (in addition to English)

Check here if there are NO adults in the household comfortable speaking English



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Section III: PRIOR SCHOOL(S)

Current or Previous School / Preschool

Address & Phone Number

Dates attended (or grade levels).

A copy of the most recent report card is attached.

Section IV: SIBLING INFORMATION

Sibling's Full Name

Male Female

Date of Birth

Grade

Current School

Sibling's Full Name

Male Female

Date of Birth

Grade

Current School

List additional siblings on the reverse.

Section V: PARISHIONER STATUS

Are you a registered parishioner of St. Colette Church? Y N

- If NO, and you attend services elsewhere, please advise where: _____
- If YES, you may qualify for the parishioner tuition rate if you attend mass regularly and participate in parish activities. More information about this is available in the Tuition Packet.

Section VI: SUBMISSION

There is NO application fee required to submit this application for admission to St. Colette Catholic School.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

**St. Colette Catholic School does not discriminate on the basis of sex, race, color, or national origin in the administration of admission and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.*