



APPLICATION FOR ADMISSION
2010-2011

STUDENT(S) INFORMATION:

Name: Entering Grade Religion Sex Race\* Date of Birth

\*Use the following: B - Black/African American, W - White, H - Hispanic, M - Multi-Racial, I - Native American, P - Asian/Pacific Islander

Student(s) primary residence information:

Parent(s)' Name: (please list whether: Mr. & Mrs., Mr., Ms., Dr. & Mrs., etc.)

Home Address:

CITY COUNTY STATE ZIPCODE

Primary Telephone Number\*: Primary E-mail Address: \*This phone number will be listed in our Parent Directory.

Are there any custodial orders registered through the court system concerning the above-mentioned student(s)? Yes No If yes, please provide a copy to the school upon registration.

FAMILY INFORMATION:

The parental information below should reflect the student's primary residence. If parents are separated or divorced and/or have separate households, please list alternative household information on page 3.

Father's/Stepfather's Name:

Work Phone: Cell Phone:

Place of Employment: Occupation:

Work E-mail Address: Slade graduate? If yes, year graduated

Mother's/Stepmother's Name:

Work Phone: Cell Phone:

Place of Employment: Occupation:

Work E-mail Address: Slade graduate? If yes, year graduated

Parents are: (please circle) Married Separated Divorced Father Remarried Mother Remarried Single/Not Married

If registered Catholic, name of parish:

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Please list the names of siblings and the school they are attending:

Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Have you made application for admission to any other school, private or parochial, for the 2010-2011 school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_

Name of school, or preschool, student is presently attending: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Has your child been evaluated by, or worked with, a speech/language pathologist, psychologist, occupational therapist, Child Find, county public school, or physical therapist? Yes \_\_\_\_ No \_\_\_\_

What other languages are spoken in your home? \_\_\_\_\_

What other information can you provide about your child that will help us offer him/her a supportive learning environment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**BILLING INFORMATION:**

Who is financially responsible for payment of tuition? \_\_\_\_\_

Address (if different than applicant) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**ADDITIONAL INFORMATION:**

If parents are separated or divorced and there is another household address to keep on file for the registering student(s) indicated on this application, please list this information below:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
*(please list whether: Mr. & Mrs., Mr., Ms., Dr. & Mrs., etc.)*

Address: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PRIORITY OF ADMISSION**

The admissions committee shall consider applicants in order of priority:

1. Siblings of current Monsignor Slade students and Slade Edu-Care/Nursery students
2. Members of incorporated parishes prior to August 1 of the calendar year
3. Registered Catholics prior to August 1 of the calendar year
4. Non-Catholics

**Application and Testing Fee: \$150.00 per student**

I am aware that the testing and application fee is **not** refundable. I have read and understand Monsignor Slade Catholic School's Priority of Admissions, and I am also aware that there is **no** guarantee of placement of my child(ren).

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR OFFICE USE ONLY*

Application & Testing Fee Received by: \_\_\_\_\_

Paid-date \_\_\_\_\_

Check # \_\_\_\_\_ or Cash Amount \_\_\_\_\_