



Monsignor Slade Catholic School

Faith, Knowledge & Service

120 Dorsey Road
Glen Burnie, Maryland 21061
410-766-7130

Registering for:

- Preschool 2, 3, or 4 (please circle)
- Full-Day
- Half-Day
- Kindergarten
- Grade _____
- Extended Care

APPLICATION FOR ADMISSION

STUDENT INFORMATION:

Name: _____ Date of Birth: _____ Religion: _____ Race* _____
 Male
 Female

**This information is used for statistical purposes only and is kept confidential.*

Please use the following: B – Black/African American, W – White, H – Hispanic, BH – Black Hispanic, WH – White Hispanic, M – Multi-Racial, I – Native American, P – Asian/Pacific Islander

Student's primary residence information:

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

Home Address: _____

CITY COUNTY STATE ZIPCODE

Primary Telephone Number*: _____ Primary E-mail Address*: _____
**This information will be listed in our Parent Directory.*

Are there any custodial orders registered through the court system concerning the above-mentioned student?
_____ 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, class year _____

Mother's/Stepmother's Name: _____

Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

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

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

If registered Catholic, name of parish: _____

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

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

How did you learn about Monsignor Slade Catholic School? _____

Name of school, or preschool, student presently attends: _____

Address: _____ City, State, Zip: _____

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

If yes, does your child have an IEP, 504, or other special plan? _____ Yes _____ No

(Please submit a copy of any/all plans or reports which would aid the school in providing an easy transition for your student.)

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?

Other documents may be requested to complete the application process. Any information provided above is protected under the U.S. Dept. of Health and Human Services "Standards for Privacy of Individually Identifiable Health Information" ("Privacy Rule").

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 indicated on this application, please list the information below:

Name: _____ Relationship to student: _____
(please indicate: 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 Catholic School students and preschool students.
2. Catholic members of incorporated parishes prior to August 1 of the calendar year.
3. Registered Catholics prior to August 1 of the calendar year.
4. All other applicants.

FEES:

Application fee for all new students:	\$100.00 per student.
Extended care registration fee for all new students (if applicable):	\$50.00 per student.
<i>(Please complete the separate application for Extended Care.)</i>	

I am aware that the 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.

Signature Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY

Application Fee Received by: _____

Paid-date _____

Check # _____ or Cash Amount _____ or FACTS _____