

St. Mary's Catholic School
APPLICATION FOR ADMISSION PROCEDURES CHECKLIST

The following items are required to complete the admission process for St. Mary's Catholic School.

1. Application for Admission – Properly completed and signed, with a PHOTOGRAPH of the applicant.
2. Birth Certificate – A copy of the student's birth certificate is required.
3. Transcript Release Form – This form should be completed and signed by the parent and given to the current school's administrator.
4. Report Card – A copy of the applicant's most recent report card is required.
5. Immunization Records to include physical if necessary
6. Recommendation Form – The current teacher must mail the forms to St. Mary's
7. Attach \$50.00 Non-refundable Application Fee

INSTRUCTIONS

In order for the application to be processed, it must be signed and returned with the required items listed above to:

St. Mary's Catholic School
1901 Madison Street
Clarksville, TN 37043

Telephone: 931 – 645 – 1865
Fax: 931 – 645 – 1160

St. Mary's School does not discriminate on the basis of race, sex, national origin, age (in accordance with the law), and handicapping conditions. St. Mary's is not equipped to handle severe learning, behavioral, or other handicapping conditions. If, with reasonable accommodation on the part of the school, the handicapped person could be accommodated, consideration will be given to the application.

St. Mary's Catholic School Student Application

Application must include the following to be processed:

*Photo of child

*Copy of Social Security Card

*Immunization Card

*Copy of most recent report card

*Copy of Birth Certificate

Grade for which you are applying _____

Student Information

First Name	Middle Name	Last Name	Social Security #
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Street Address

City	State	Zip	Religion
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Home Phone Number	Ethnic Group	Sex
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Date of Birth

City/State of Birth

If Catholic, registered member of

Name of Parish

Sacramental Information

Date of Baptism

Church

City/State

Date of First Penance

Church

City/State

Date of First Communion

Church

City/State

Educational Information

Current School

Address

City _____ State _____ Zip _____ Phone _____

Does your child have any PHYSICAL DISABILITIES of which you are aware? _____ If yes, please explain:

Do you SUSPECT any disabilities? YES _____ NO _____

If yes, please explain:

Has your child received special education services in the past? YES _____ NO _____

Is your child currently receiving special education services? YES _____ NO _____

If yes, please explain:

Has your child been treated by a psychiatrist, psychologist, or counselor? YES _____ NO _____

If yes, please explain:

Is your child on ANY type of medication? YES _____ NO _____

Medical Condition

Name of Medication

Dosage

If child is on a daily medication, please attach Doctor's statement.

Has student previously applied to St. Mary's Catholic School? YES _____ NO _____ What year?

Has student ever attended St. Mary's Catholic School? YES _____ NO _____ What Grade?

Has student ever repeated a grade? YES _____ NO _____ What Grade?

Is there any other information you would like to communicate concerning your child?

Although we attempt to meet the needs of each student, we are not equipped to teach students with severe learning disabilities. In the event that we cannot adequately meet your child's needs, we will notify you. Please supply any pertinent, past or present, medical, social/emotional, or psychological information which may impact our ability to provide for your child's special needs.

Is the applicant living with both parents? YES _____ NO _____

If not, with whom does the applicant live with?

Full name of Step-parent or Guardian?

Parent Information

Father

FIRST NAME	MIDDLE NAME	LAST NAME
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OCCUPATION PHONE #	BUSINESS NAME	BUSINESS
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CELL PHONE #	RELIGION	ETHNIC GROUP
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Mother

FIRST NAME LAST NAME	MIDDLE NAME	MAIDEN NAME
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OCCUPATION PHONE #	BUSINESS NAME	BUSINESS
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CELL PHONE #	RELIGION	ETHNIC GROUP
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Guardian (if applicant is not living with parent)

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP
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OCCUPATION PHONE #	BUSINESS NAME	BUSINESS
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CELL PHONE #	RELIGION	ETHNIC GROUP
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Other Children in Family

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>School Attending</u>	<u>Grade</u>
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Signature of Parent/Guardian _____ Date _____