



NATIVITY CATHOLIC SCHOOL

2009-2010

NEW STUDENT ENROLLMENT APPLICATION

Kindergarten-Grade 8

A child entering Kindergarten must be five years old on or before September 1, 2009

Please Print

Date: ___/___/___

Applying for Grade: _____

Parent Last Name/s _____ / _____ Student Last Name _____

Student Name _____
First Middle Religion Parish

Address _____
No. Street Apt. # City State Zip Code

Birth Date ___/___/___ Birthplace _____ Soc. Sec. # _____

Race: (optional) Black Hispanic Asian Native American White Multi Racial Other _____ Sex: Male Female

Has your child ever been evaluated for any special needs? (IEP's, 504 Plan etc.) YES _____ NO _____

Has your child ever been diagnosed for: _____ ADD _____ LD _____ ADHD _____ Dyslexia _____ Other
_____ Speech Impairment _____ Hearing Impairment

If yes, please provide a copy of the evaluation with this application.

Is your child receiving any special assistance or support services at this time? YES _____ NO _____

If yes, please explain: _____

Has your child previously applied or been enrolled at Nativity Catholic School? YES _____ NO _____

Did your child attend a Catholic School or Religious Education Program last year? YES _____ NO _____

Languages spoken in the home: _____ English _____ Spanish _____ Other (specify) _____
(Check all that apply)

Name of Present School _____

Address _____
No. Street Apt. # City State Zip Code

Baptism Date ___/___/___ Church & Address _____ / _____

Reconciliation Date ___/___/___ Church & Address _____ / _____

1st Communion Date ___/___/___ Church & Address _____ / _____

*** E-mail Address to receive school information _____

Father's Name _____ Mother's Name _____
Last First Middle Last First Middle Maiden

Home Phone # _____ Home Phone # _____

Father's Occupation _____ Mother's Occupation _____

Name of Company _____ Name of Company _____

Business Phone # () _____ Business Phone # () _____

Cell # () _____ Cell # () _____

Religion _____ Religion _____

Nativity Graduate: YES ___ NO ___ YEAR _____ Nativity Graduate: YES ___ NO ___ YEAR _____

Guardian (if applicable) _____

Stepfather's Name _____ Stepmother's Name _____

Home Phone # _____ Home Phone # _____

Occupation _____ Occupation _____

Name of Company _____ Name of Company _____

Business Phone # () _____ Business Phone # () _____

Cell # () _____ Cell # () _____

Religion _____ Religion _____

Nativity Graduate: YES ___ NO ___ YEAR _____ Nativity Graduate: YES ___ NO ___ YEAR _____

Check as applicable: ___ Lives w/Both Parents ___ Lives w/Mother ___ Lives w/Father
 ___ Lives w/Guardians ___ Parents divorced ___ Parents separated
 ___ Mother deceased ___ Father deceased ___ Mother remarried
 ___ Father remarried ___ Other _____

UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER EDUCATION RECORDS.

SIBLINGS

AGE/GRADE

SCHOOL ATTENDING

| | | | | |
|-------|---|-------|---|-------|
| _____ | / | _____ | / | _____ |
| _____ | / | _____ | / | _____ |
| _____ | / | _____ | / | _____ |
| _____ | / | _____ | / | _____ |

Paternal Grandparents _____

Address _____
No. Street Apt. # City State Zip Code

Maternal Grandparents _____

Address _____
No. Street Apt. # City State Zip Code

The student's last report card, standardized test scores, and academic/ behavioral evaluations **MUST** accompany this application.

I attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her seat in Nativity Catholic School. In such an event, tuition is **NOT** refunded.

Parent Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

For office use only:

Enrollment Fee Paid ____/____/____
(\$50.00 Non Refundable)

Check # _____

Nativity Catholic church Envelope # _____

