



NATIVITY CATHOLIC SCHOOL

705 EAST BRANDON BLVD., BRANDON, FL 33511
TEL. (813) 689-3395 - FAX (813) 681-5406
WWW.NATIVITYCATHOLICSCHOOL.ORG

APPLICATION FOR ADMISSION – 2019–2020 SCHOOL YEAR

All application information must be filled-out completely – Please Print

“From the first moment that a student sets foot in a Catholic school, he or she ought to have the impression of entering a new environment, one illuminated by the light of faith, and having its own unique characteristics.”

-The Religious Dimension of Education in a Catholic School, para. 25

Registration Date: ___/___/20___ GENDER: ___F ___M CURRENT GRADE IN SCHOOL: _____

STUDENT LEGAL NAME: _____
Last First Middle Nickname

Address: _____ City: _____ Zip Code: _____ - _____

Home Phone: (____) _____ Student Social Security # (optional): _____ - _____ - _____ Student Religion: _____

Birthdate: ___/___/___ City/State of Birth: _____

Race (optional): ___ African Amer./Black ___ Hispanic/Latino ___ Asian ___ Amer. Indian/Native American ___ Multi-racial
___ Caucasian/White ___ Pacific Islander ___ Other (please specify): _____

***How or from whom did you hear about our school? (Please check one)**

___ Nativity Church ___ Family ___ Friends ___ Internet/Website ___ Drive By ___ Newspaper ___ Other ___

CURRENT SCHOOL TRANSFERRING FROM (if applicable):

NAME: _____ GRADE: _____ PUBLIC: ___ PRIVATE: ___

ADDRESS: _____ CITY: _____ ZIP CODE: _____ - _____

PRINCIPAL'S NAME: _____ PHONE #: (____) _____

GUIDANCE COUNSELOR'S NAME: _____

*Reason for leaving current school: _____

Is student's financial account current? ___ Yes ___ No Are all other student financial obligations current? ___ Yes ___ No

QUESTIONS 1 & 2 (Applicable only to Pre-Kindergarten)	
1) Please indicate if your child is going into Pre-K3 or Pre-K4.	___ PreK-3: Five day A.M. Mon.-Fri. 7:45 a.m. – 11:00 a.m. ___ PreK-4: Five day, all day Mon.-Fri. 7:45 a.m. – 3:00 p.m.
2) Is your Pre-K3 or Pre-K4 child toilet trained?	___ NO ___ YES **ALL children <u>MUST</u> be toilet-trained before attending Nativity Catholic School

QUESTIONS 3-17 (Applicable to all students)	**If YES to any question(s), PLEASE PROVIDE EXPLANATION**
3) Has your child ever been retained for any reason?	___ NO ___ YES If so, which grade? GRADE: _____
4) Has your child previously been enrolled at Nativity Catholic School?	___ NO ___ YES
5) Does your child <u>qualify</u> for special assistance at school currently attending?	___ NO ___ YES
6) Has your child ever been tested for special needs? (attach dated evaluation)	___ NO ___ YES
7) Has your child ever been diagnosed with special learning needs? (attach dated evaluation)	___ NO ___ YES
8) Has your child received services from a Resource Teacher, Title I Teacher, or Learning Specialist?	___ NO ___ YES
9) Has your child received accommodations/modifications in the learning process?	___ NO ___ YES
10) Does your child have an I.E.P. or 504 Plan? (please attach copy)	___ NO ___ YES
11) Does your child have any allergies?	___ NO ___ YES
12) Is your child currently taking any medication(s)?	___ NO ___ YES
13) How many days has your child been absent from school in the last year?	*Please provide explanation if child had over 10 absences in a year.
14) How many days has your child been tardy from school in the last year?	*Please provide explanation if child had over 10 tardies in a year.
15) Has your child ever been suspended or expelled from school?	___ NO ___ YES
16) Have you ever been required to withdraw your child from school?	___ NO ___ YES
17) Is there a language spoken at home other than English?	___ NO ___ YES *If yes, which language(s):

****Your child may be assessed to determine placement at Nativity Catholic School.**

SACRAMENTAL INFORMATION: Please provide the following information regarding the reception of the Sacraments.

SACRAMENT	DATE	CHURCH / ADDRESS/CITY/ZIP CODE
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

CO-CURRICULAR ACTIVITIES: List all activities in which your child has participated (school or community).

CHILD RESIDES WITH:

Both Parents Mother Father Mother & Stepfather Father & Stepmother Guardian Grandparents
 Other (please specify): _____

****If applicable, please attach a true copy of the Shared Parental Responsibility of the Final Judgement of Dissolution of Marriage. A copy of any existing custody agreement is required before child begins school. Unless the school has court records that state otherwise, both parents have access to the student and his/her educational records.****

STUDENT'S PARENTS ARE: Married Divorced Separated Mother Deceased Father Deceased Single Parent

PARENT(S) INFORMATION:

FATHER

MOTHER

Full legal name		
Address		
City/State/Zip Code		
Home Telephone Number	()	()
Work Telephone Number	()	()
Cell Phone Number	()	()
Email Address (the one to receive school information)		
Do you have access to the Internet?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Religious Affiliation		
Occupation		
Employer		
Employer's Address		
Employer's City/State/Zip Code		
Level of Education	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Higher Level (i.e. Master's)	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Higher Level (i.e. Master's)
Graduate of Nativity Catholic School?	<input type="checkbox"/> NO <input type="checkbox"/> YES Year: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES Year: _____

STEPPARENT INFO. (if applicable):**STEPFATHER****STEPMOTHER**

Full legal name		
Address		
City/State/Zip Code		
Home Telephone Number	()	()
Work Telephone Number	()	()
Cell Phone Number	()	()
Email Address (the one to receive school information)		
Do you have access to the Internet?	___NO ___YES	___NO ___YES
Religious Affiliation		
Occupation		
Employer		
Employer's Address		
Employer's City/State/Zip Code		

PARISH INFORMATION:**FATHER****MOTHER**

Name of Family Parish		
Pastor's Name		
Address		
City/State/Zip Code		
Telephone Number		
Church Envelope Number		

Family not registered in a local Catholic Parish / Non-Catholic

SCHOOL AGE BROTHERS AND SISTERS OF STUDENT:

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

FINANCIAL ASSISTANCE:

Do you need financial assistance?	___ NO ___ YES
Applying/Reapplying for Step Up for Students?	___ NO ___ YES
Applying for Step Up for Students PLSA (Personal Learning Scholarship Account) [to be approved by Principal]	___ NO ___ YES
Applying for McKay Scholarship [to be approved by Principal]	___ NO ___ YES

****ESSAY (please complete on a separate piece of loose leaf paper):** All students applying for admission to Grades 6, 7 or 8 are required to **hand write** an essay on the topic: *“The importance of a Catholic education is...”*

****Application Fee (non-refundable): \$50.00 per family to be included with this application.** *This registration is not a guarantee that you will be accepted by Nativity Catholic School (NCS) for the current/coming school year. It represents your request that NCS accept your child(ren) for enrollment during the current/coming year. NCS reserves the right to decline enrollment.*

****I certify that all the information contained in this application is correct and true. I understand that any willful omission, falsification, or misrepresentation of the facts can be sufficient reason for denial of application and/or dismissal from school. In such an event, tuition is NOT refunded.**

Mother’s Signature: _____

Date: _____

Father’s Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Registration Fee Paid: ___/___/20___

Check #: _____

Nativity Catholic Church Envelope #: _____