



Application for Admission

Date of application: _____ Grade entering: _____

Section I

Student Information

Student's name: _____ Sex: M F (Please circle)
Last First Middle

Name by which student is commonly known: _____
Nickname

Home address: _____
Street

_____ City State Zip Code

Preferred phone number: _____

Preferred email: _____

Date of birth: _____ Place of birth: _____
Town & State

Ethnicity: (please circle) Asian, Black, Caucasian, Hispanic, Native American/Alaskan Native, Other, Pacific Islander

- Please complete only if your child is registering for our Early Childhood Development Program at Rev. George A. Brown Memorial School:

Student schedule (circle one option): 5 full days 5 half days 3 full days 3 half days

Student sacraments received:

Baptism: Church _____ Date _____

Penance: Church _____ Date _____

Communion: Church _____ Date _____

If your child is a non-Catholic, please state the child's religion _____

Place of worship _____

Last school attended _____ Phone: _____

Address of School: _____

City _____ State _____ Zip Code _____

Reason for transfer:

Has a Child Study Team Evaluation been recommended for your child? Yes _____ No _____

Does your child have a current Service Plan/IEP in place? Yes _____ No _____ *(If yes, a copy of the service plan, educational, psychological evaluation, and social history must be submitted with your application for review.)*

If there are special conditions which should be considered in reviewing the student's application, parents are encouraged to make those considerations known to us either in writing or through an interview. Failure to make known conditions that could affect the student's full participation in the total education program of the school will be grounds for the school to withdraw any offer of admission.

Does your child have medical insurance? Yes _____ No _____

Other children in household (under 18 years of age)

Name Date of birth Grade School M/F

Name Date of birth Grade School M/F

Name Date of birth Grade School M/F

Section II

Parent Information

Father's name: _____ Religion: _____
Last First Middle

Father's address: _____
Street

City State Zip code

Father's day phone: _____ Father's occupation: _____

Father's place of employment: _____

Father's email address: _____

Mother's name: _____ Religion: _____
Last First Middle

Mother's address: _____
Street

City State Zip code

Mother's day phone: _____ Mother's occupation: _____

Mother's place of employment: _____

Mother's email address: _____

Marital Status: Married Separated Divorced Widow/Widower Single

Custodial parent: _____

Mailing address: (if different than above): _____
Street

City State Zip Code

Duplicate mailings will be sent to two households at your request. Are duplicate mailings required?

Yes _____ No _____

If yes, please provide name and address: _____

Please complete the following:

In what parish are you a registered member? _____

In what town are you a resident? _____

In what public school district are you located? (the public school your child would attend if not registered in an Academy school) _____

Do you live a distance of over two miles from The Catholic Academy of Sussex County? _____

Section III

Consent to photograph, film, or videotape a student for non-profit use.

The world of media, particularly social media, changes constantly. To positively promote The Catholic Academy of Sussex County and your child's personal success stories, we are once again seeking permission to publish your child's photo/image, name, grade, and hometown in the newspaper, on the schools' websites, and via social media.

Kindly indicate your preference below. *Please note that this form will be kept on file for reference during your child's entire enrollment at The Catholic Academy of Sussex County.*

_____ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes and identifiers (name, class year) of the below-named student, and grant to the Diocese of Paterson, Catholic Academy of Sussex County the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Diocese of Paterson, Catholic Academy of Sussex County and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

_____ I do not grant permission for my child (below-named) to participate in any of the above.

_____ Class of _____
Name of Student (please print)

Name of Parent (please print)

Signature of Parent/Guardian:

Relation to student: _____

Date: _____

How did you hear about the school you are applying to? _____

This section for Office Use only:

- _____ Original birth certificate*
- _____ Original baptismal certificate*
- _____ Transportation application
- _____ Family information form*
- _____ Release of Records / IEP individual education plan or service plan
- _____ \$ 50.00 application fee*
- _____ \$150.00 registration fee (per student upon acceptance)*
- _____ Inoculation records
- _____ Private physical exam
- _____ Tuition form
- _____ Transfer card*

Admissions testing for grades K-7 will be scheduled by phone when the application is returned.

**Applies to grades K-7 only*

Updated 12-19-17