



Student Application for Admission (Grades K-6th)

School Year Applying For: _	Applying I	For Grade(s):	Application Date:	
STUDENT DATA: Please	complete all information and p	orint legibly		
Legal Name: Last	First	Middle	Preferred/Nickname	
	Gender (M/F)	Date of Birth	(mm/dd/yy)	
Legal Name: Last	First	Middle	Preferred/Nickname	
	Gender (M/F)	Date of Birth	(mm/dd/yy)	
Legal Name: Last	First	Middle	Preferred/Nickname	
	Gender (M/F)	Date of Birth	(mm/dd/yy)	
-	First	Middle	Preferred/Nickname	
	Gender (M/F)	Date of Birth	(mm/dd/yy)	
Home Address		City	State Zip	
Home Telephone	Email where of	ficial school communication can b	e sent	
Current/Previous School(s) A	Attended:			
Name of School	Dutes Tittellada	Grades City	State	
Student's Religion:		Baptized? Yes	□ No	
How did you hear about Ave	Maria Catholic School? □ Fami	ily/Friend (list name)	□ Website/Internet □ Parish □ Mailer □	□ Other



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Marital Status of Parents:				
□ Married □ Single □ N *Note: if parents are divorced, a parenting responsibilities/authori	•		e school office, as well as a	• •
Student lives with: □ Both parents □ Mother □ I *Note: if a legal guardian is resp		ardian* □ Shared cust a court decree of legal gu		tted to the school office
Ethnicity/Race of student: American Indian/Native Alaskan	Asian □ Black	□ Hispanic □ Nati	ve Hawaiian/Pacific Island	ler □ White □ Multi-racial
For Catholic Applicants: BAPTISM: RECONCILIATION FIRST EUCHARIST CONFIRMATION				City and State
PARENT DATA: Please complete all Father:	information and prin Mother:	<u>t legibly</u>	Guardian (if applica	able):
Full Name			•	·
Home Address				
City/State/Zip				
Phone				
Email				
Religion				
Parish				
Military Affiliation				



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The following information is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate and successful educational environment or reasonable accommodation and will not be considered in determining whether he/she is qualified for admission. Please list specifics about any YES answer on the line provided or on a separate sheet of paper.

Has the student ever been suspended, dismission.	ssed, expelled, or not permitted to re-enroll in a school? Yes No
Has the student ever been tested or evaluate Emotional Disabilities, etc.], or medical con	d for any disability [i.e.: Learning Disabilities, Attention Deficit(Hyperactivity) Disorder, addition?
If applicable, please provide the dates of: □ IEP	□ Student Assistance Plan □ Special Education Eligibility □ 504 Plan

If you are requesting an adjustment or accommodation to allow participation in any academic and/or other program provided at our school, please describe your request in detail and provide sufficient evidence to allow us to assess the student's situation. We may request additional information from you and from an appropriate health professional. If the space below is not adequate, please include information on a separate sheet of paper.

To be considered for admission, the following criteria must be met:

- Remittance of a NON-REFUNDABLE \$150.00 application/assessment fee
- Submit recent report card/progress report from the student's current school
- Submit recent standardized testing results from the student's current school
- Submit teacher/administrator recommendations from the student's current school (available at www.school.avemariacatholicparish.org)

 - For students entering grades K 3rd, please submit 1 teacher recommendation: (from Homeroom Teacher)
 For students entering grades 4th 6th, please submit 2 teacher recommendations: (1 from Language Arts Teacher and 1 from Math **Teacher**) and 1 administrator recommendation
- Assessment/shadow day must be completed (if enrollment space is available AND the above documents have been submitted, you will be contacted to schedule the student's assessment/shadow day)
- A student and/or parent interview may be requested for grades $4^{th} 6^{th}$)



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Your signature below confirms your acknowledgement that all the information provided by you on this application is correct and verifiable. Your signature also authorizes the release of the requested records for the purpose of processing your child's application to Ave Maria Catholic School. Additionally, your signature confirms your acceptance of the following regarding enrollment:

- All students will be placed on probation for one year
- Ave Maria Catholic School must see reasonable hope that the student will complete our program through 8th grade
- Final acceptance of the student into Ave Maria Catholic School is contingent upon a complete review of the student's official school records (including academics, behavior, student service plans, etc.)

PRINTED Name of Parent/Guardian	Date	Signature of Parent/Guardian	
OFFICE USE ONLY: Date application receiv	ed Received by		
Application Fee(s)	Shadow Day/Assessment on	Birth Certificate	
Report Card(s)	Teacher/Buddy:	Baptismal Cert./"Blue Form"	
Testing Report(s)	Class Placement Recommendation:	Official Records	
Teacher Recommendations	Offered enrollment on	Notes:	
Administrator Recommendation	Reg. Packet Mailed Given Date:		
IEP/Assistance Plan/Other	Date to return by:		

Ave Maria Catholic School is proud to be part of the Unified Catholic Schools of the Diocese of Colorado Springs