



St. Francis of Assisi Catholic School

APPLICATION FOR ADMISSION

This application must be accompanied by a non-refundable fee of \$50.00, along with a copy of the applicant's most recent report card and standardized test scores e.g., ITBS, Terra Nova, TCAP. Jr. K, 5K, and 1st grade applicants must attach a copy of their birth certificate and baptismal certificate, if Catholic. If applying for the PLUS program, a copy of the applicant's most recent psychological evaluation that documents the learning difference must be submitted. Applications without required documents are considered incomplete and may not be considered for enrollment.

Application for grade _____ School Year _____ Traditional PLUS (Learning Differences Program)
Circle One

Applicant's Name _____ Sex _____
Last First Middle

Name Child Goes By _____ Date of Birth _____ Birthplace _____

Current Address _____
Street City State Zip

Religious Affiliation _____ Parish _____

Current School _____ School Phone _____

Principal or Guidance Counselor _____ Student's GPA _____

Is applicant a sibling of a current St. Francis of Assisi Catholic School student? Yes No

Is applicant a sibling of a St. Francis of Assisi Catholic School alumni? Yes No

Has applicant applied to St. Francis of Assisi Catholic School previously? Yes No If yes, what year? _____

Father			
Title	Last Name	First Name	MI
Address _____ <i>(if different from applicant's)</i>			
Home Phone _____			
Employer _____			
Work/Cell Phone _____			

Mother			
Title	Last Name	First Name	MI
Address _____ <i>(if different from applicant's)</i>			
Home Phone _____			
Employer _____			
Work/Cell Phone _____			

Complete this section only if applicant does NOT live with both natural parents.

Parents are: Married Separated Divorced Name/Address/Phone of Guardian (if applicable)
please circle one

Legal custody: Father Mother _____
please circle one

Student lives with: Mother Father Guardian _____
please circle one

Date Received _____ Check # _____ ID Number _____



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List applicant's hobbies, special interests and activities:

Has applicant ever experienced academic problems resulting in the repetition of a grade or dismissal from school? If yes, please explain.

Has applicant ever experienced disciplinary problems resulting in suspension or dismissal from school? If yes, please explain.

Has applicant ever been evaluated for or diagnosed with a Learning Difference? If yes, please explain.

Has applicant previously or is applicant currently taking any medications? If yes, please list those medications.

Name/Age Sibling(s)

School Attending

Who recommended St. Francis of Assisi Catholic School to you? _____

I understand that if my child is accepted to St. Francis of Assisi Catholic School, he/she will be subject to the rules and regulations stated in the admissions information and school handbook which are revised annually. I further understand that I will be financially responsible for all fees and tuition stated therein. I also understand that failure to disclose information which might affect admissions decisions may result in the requirement to withdraw my student in the event the school is unable to adequately address my child's learning or behavioral needs.

Signature of Parent/Guardian

Date of Application



St. Francis of Assisi Catholic School

Transcript Release Form

Parents: Please complete this form and return to St. Francis of Assisi Catholic School with the Application for Admission.

_____ has registered for grade _____ for school year _____
Name of Applicant

at St. Francis of Assisi Catholic School. Permission is granted for the full and complete release of the applicant's academic and disciplinary records, transcripts (including the most recent report card), standardized test results, immunization records and any psychological evaluations.

Student's Date of Birth _____ Student's Social Security Number _____

Current School Information:

School Name _____

Contact _____

Street Address _____

City, State, Zip _____

Present Grade of Student _____

I hereby certify that I am the parent/guardian of the above named student.

Signature of Parent/Guardian

Date

Registrar: Please send records on the above student to: **ADMISSIONS**
St. Francis of Assisi Catholic School
2100 N. Germantown Parkway
Cordova, TN 38016

Thank you for your assistance.