

# Diocese of Las Vegas Catholic School



Date of application: \_\_\_\_\_ Application for Grade Level: \_\_\_\_\_

## Student Information

\_\_\_\_\_

Last Name	First Name	Middle Name
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Street Address	City	State	Zip Code
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Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Home Telephone Number: \_\_\_\_\_

Religion: \_\_\_\_\_

### Ethnic Origin:

\_\_\_\_\_ African American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Caucasian  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi Racial

### **Complete this section only if Catholic:**

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Baptism: \_\_\_\_\_ Yes \_\_\_\_\_ No Place: \_\_\_\_\_

First Holy Communion: \_\_\_\_\_ Yes \_\_\_\_\_ No Place: \_\_\_\_\_

**Parent Information**

Father: \_\_\_\_\_

First Name

Last Name

Street Address

City

State

Zip Code

Home Telephone Number

Cellular Number

E-mail Address

Employer

Occupation

Work Hours

Work Address

Work Telephone Number

Mother: \_\_\_\_\_

First Name

Last Name

Street Address

City

State

Zip Code

Home Telephone Number

Cellular Number

E-mail Address

Employer

Occupation

Work Hours

Work Address

Work Telephone Number

**Please circle with whom the student is living:** Parents Mother Father Step-Father Step-Mother Guardian

Natural Father (if not listed above): Full Name: \_\_\_\_\_

Street Address City State Zip Code

Have parental rights been revoked?  Yes  No If yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? \_\_\_\_\_

Natural Mother (if not listed on the previous page):

Full Name: \_\_\_\_\_

\_\_\_\_\_

Street Address	City	State	Zip Code
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Have parental rights been revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? \_\_\_\_\_

### Academic History

Schools Previously Attended:

\_\_\_\_\_

School Name	Address	City	State	Zip	Telephone
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How long has your child been enrolled at present school? \_\_\_\_\_ If less than one semester, please explain:

\_\_\_\_\_

Honors/Awards: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_ Extra-curricular Activities: \_\_\_\_\_

Does your child perform academically at grade level? \_\_\_ Yes \_\_\_ No      \_\_\_ Above \_\_\_ Below

Has your child ever been hospitalized for physical or psychological reasons? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Has your child ever received any special services within the school day (LD, BD, ADHD, ADD, Speech, etc.)? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Has your child ever received or is currently receiving counseling of any kind outside of school?

\_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

**St. Christopher Catholic School**  
**Application for Admission**

Please describe any special needs or services you would expect from this school:

\_\_\_\_\_

Please describe any academic or personal information this school should be aware of:

Sibling Information

<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>School</u>

*I certify that the above information given is true and correct, and I understand that withholding or falsifying any information on the application will be cause for immediate dismissal.*

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

For Office Use:

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Baptismal Certificate
- \_\_\_\_\_ First Holy Communion Certificate
- \_\_\_\_\_ Report Card
- \_\_\_\_\_ Immunization Record

Additional contact(s) and information: \_\_\_\_\_

\_\_\_\_\_