

**ST. MARIA GORETTI CATHOLIC SCHOOL**  
**Application for Enrollment, 2011-2012 School Year**  
 [For Kindergarten – Pink Form]

<b>Office Use Only</b> Check # _____ Amt _____ New student(s): _____ Returning student(s): _____ Both: _____ Completed file date: _____
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- Please review our Registration Procedures and Admissions Policy.
- Please complete the following (*type or print*):
- Family Name: \_\_\_\_\_
- Membership at \_\_\_\_\_ Parish since \_\_\_\_\_ (month/year)  
 Has your membership been continuous? \_\_\_ Yes \_\_\_ No  
 Total number of years and months as an **Active Parish Family**: \_\_\_\_\_
- As an **Active Parish Family**, defined in our Admissions Policy, we are involved in the following activities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family Contact Info:**

Mother	Father	Legal Guardian, _____ (Please indicate relationship if any)
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____ <small>(if different)</small>	Address: _____
City/Zip: _____	City/Zip: _____	City/Zip: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____	Email Address: _____
Religion: _____	Religion: _____	Religion: _____
___ Attended St. Maria Goretti School	___ Attended St. Maria Goretti School	___ Attended St. Maria Goretti School

**Student Information:**

**1<sup>st</sup> Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade entering 2011-2012 school year: \_\_\_\_\_

Baptism: \_\_\_\_\_  
Date Church City State

First Reconciliation: \_\_\_\_\_  
Date Church City State

First Communion: \_\_\_\_\_  
Date Church City State

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade entering 2011-2012 school year: \_\_\_\_\_

Baptism: \_\_\_\_\_  
Date Church City State

First Reconciliation: \_\_\_\_\_  
Date Church City State

First Communion: \_\_\_\_\_  
Date Church City State

(over)

3<sup>rd</sup> Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade entering 2011-2012 school year: \_\_\_\_\_

Baptism: \_\_\_\_\_  
Date Church City State

First Reconciliation: \_\_\_\_\_  
Date Church City State

First Communion: \_\_\_\_\_  
Date Church City State

Please list the names and ages of all other siblings ***not*** attending SMG:

Name: \_\_\_\_\_ Age (by Sept. 1, 2011): \_\_\_\_\_

Name: \_\_\_\_\_ Age (by Sept. 1, 2011): \_\_\_\_\_

Name: \_\_\_\_\_ Age (by Sept. 1, 2011): \_\_\_\_\_

1. Are you aware of any condition for your child that affects her/his educational, physical, emotional, social well-being and requires additional educational resources other than a regular education program or have you had medical, educational or other health care providers advise you to seek special education programming for your child? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, please provide details.

2. We have enclosed a copy of previous school academic, conduct and attendance records. (New students only.)  
\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Please indicate the reason(s) for your child's transfer of schools. Where is student transferring from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If your child is unable to gain admittance for the next school year, do you want to place her/him on a wait list?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

5. Is English the primary language spoken in the home? \_\_\_\_\_ YES \_\_\_\_\_ NO

6. Is your child bilingual? \_\_\_\_\_ YES \_\_\_\_\_ NO

- ***All New students will be accepted on a probationary status for the 1<sup>st</sup> semester.***
- **All information provided by an applicant's family (which includes information on this Application for Enrollment form and any information provided in person via interviews with SMG staff) must be true and accurate. Enrollment may be denied or rescinded based on false, misleading, inaccurate, or excluded information pertinent to this request. Thank you.**

Your signature below indicates your understanding and acceptance of our Registration Procedures and Admissions Policy. Thank you.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Please review both sides of this form for completion and accuracy.)*

\*Please return this completed form to the school office on or before **Thursday, February 25, 2010**.