

ST. MARIA GORETTI CATHOLIC SCHOOL
Application for Enrollment, 2014-2015 School Year
 [For Kindergarten - Pink Form]

Office Use Only Check # _____ Amt _____ New student(s): _____ Returning student(s): _____ Both: _____ Completed file date: _____

- 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: _____
Occupation: _____	Occupation: _____	Occupation: _____
___ Attended St. Maria Goretti School	___ Attended St. Maria Goretti School	___ Attended St. Maria Goretti School

Student Information:

1st Child's Name: _____

Date of Birth: _____ Sex: _____ Grade entering 2014-2015 school year: _____

Baptism: _____
Date Church City State

First Reconciliation: _____
Date Church City State

First Communion: _____
Date Church City State

2nd Child's Name: _____

Date of Birth: _____ Sex: _____ Grade entering 2014-2015 school year: _____

Baptism: _____
Date Church City State

First Reconciliation: _____
Date Church City State

First Communion: _____
Date Church City State

3rd Child's Name: _____

Date of Birth: _____ Sex: _____ Grade entering 2014-2015 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, 2014): _____

Name: _____ Age (by Sept. 1, 2014): _____

Name: _____ Age (by Sept. 1, 2014): _____

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 1st 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 23, 2012**).