



APPLICATION FOR ADMISSION 2024-2025

FOR GRADE _____

Please complete ALL sections on BOTH sides of this application

CHILD'S FULL NAME (Last) (First) (Middle) (Preferred First Name) DATE OF BIRTH (Month/Day/Year)

ADDRESS CITY/STATE ZIP

PLACE OF BIRTH (City) (State) PHONE NUMBER GENDER: [] M [] F

CHILD'S RELIGION HAS YOUR CHILD BEEN BAPTIZED CATHOLIC YES [] NO [] (Required to complete. Put N/A if no Religion) (Complete Sacramental Info. Below) (Required to complete for Parish Office. Bapt. Cert. MUST be provided.)

ARE YOU A PARISHIONER OF ASCENSION: YES { } NO { } IF YES, MONTH/YEAR: IF NOT, NAME OF PARISH:

PUBLIC SCHOOL DISTRICT OF RESIDENCE (District) (School)

FAMILY EMAIL ADDRESS (Required for school communication):

PRESCHOOL ATTENDED (Grade Kdg.) SCHOOL TRANSFERRING FROM (Grades 1-8)

PRIMARY LANGUAGE SPOKEN AT HOME PRIMARY LANGUAGE SPOKEN BY STUDENT(S)

ETHNIC BACKGROUND (Required for State Reporting Purposes)

Please circle only one: White Black Hispanic Asian Native American/Native Alaskan Native Hawaiian/Pacific Islander Multi-Racial

ADDITIONAL SUPPORT OR SERVICES CHILD HAS RECEIVED (Circle all that apply) 504 Plan ADD Speech/Language Title I Physical

Other (Explain:)

Current IEP/ISP? [] No [] Yes (If yes, copy of current IEP/ISP and ETR required) (See enclosed "Request for Release of Records")

SACRAMENTS: DATE RECEIVED CHURCH NAME AND ADDRESS (Certificate Required for Baptism)

BAPTISM

RECONCILIATION

FIRST COMMUNION

CONFIRMATION

FATHER'S INFORMATION: NAME _____ OCCUPATION _____ CELL# _____ WORK# _____

MARITAL STATUS _____ EMPLOYER & CITY OF EMPLOYMENT _____

FATHER'S EMAIL _____ HOME PARISH/CHURCH _____

RELIGION _____ MAIDEN NAME _____

MOTHER'S INFORMATION: NAME _____ OCCUPATION _____ CELL# _____ WORK# _____

MARITAL STATUS _____ EMPLOYER & CITY OF EMPLOYMENT _____

MOTHER'S EMAIL _____ HOME PARISH/CHURCH _____

RELIGION _____

NON-RESIDENTIAL PARENT INFORMATION (Divorced, separated or single parents: Copy of CUSTODY AGREEMENT/ORDER is required.)

NON-RESIDENTIAL PARENT NAME _____ MAIN PHONE# _____

HOME ADDRESS _____ EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER & CITY OF EMPLOYMENT _____

GUARDIAN (Other than parent) (Copy of Guardianship order is required.) : NAME & RELATIONSHIP TO CHILD _____

STATUS OF CUSTODY: CHILD LIVES WITH (Please check only one of the following descriptions that applies to your child.)

- Both Natural/Adoptive Parents Shared Parenting Aunt & Uncle Brother Only
- Father Only Mother & Step Father Grandparent Sister Only
- Mother Only Father & Step Mother Legal Guardian
- Host Family/Foreign Exchange Foster Home

DOCUMENTS NEEDED FOR COMPLETION OF APPLICATION: ADDITIONAL DOCUMENTS NEEDED IF APPLYING FOR THE OHIO ED CHOICE SCHOLARSHIP

- 1. Completed Application for Enrollment Form
- 2. Reg. fee (\$100.00 ALL new families; \$80.00 ALL returning families due at registration)
- 3. Technology fee (\$100.00) for single child; or family with two or more children (\$200) due March 1, 2024
- 4. Birth Certificate
- 5. Baptismal Certificate, (If applicable)
- 6. Immunization Record/Medical Form
- 7. Report Cards, Standardized Test Results & Additional Support or Services Received From All Previous School Years, (Grades 1-8)
- 8. Third Grade State Reading Results (Grade 3)

- 1. Ed Choice Application
- 2. Proof of Residency, (Within 60 days)