



Please complete ALL sections on BOTH sides of this application

CHILD'S FULL NAME _____			DATE OF BIRTH _____	
(Last)	(First)	(Middle)	(Preferred First Name)	(Month/Day/Year)
ADDRESS _____		CITY/STATE _____		ZIP _____
PLACE OF BIRTH _____		PHONE NUMBER _____		GENDER : <input type="checkbox"/> M <input type="checkbox"/> F
(City)		(State)		
CHILD'S RELIGION _____		HAS YOUR CHILD BEEN BAPTIZED CATHOLIC YES <input type="checkbox"/> NO <input type="checkbox"/>		
(Required to complete. Put N/A if no Religion)		(Complete Sacramental Info. Below) (Required to complete for Parish Office. Bapt. Cert. <u>MUST</u> 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)	(Assigned Public School)	
FAMILY EMAIL ADDRESS ( <u>Required</u> 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 ( <u>Required</u> for State Reporting Purposes)				
<u>Please circle only one:</u> White Black Hispanic Asian Native American/Native Alaskan Native Hawaiian/Pacific Islander Muti-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? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, copy of current IEP/ISP and ETR <u>required</u> ) (See enclosed "Request for Release of Records")				
SACRAMENTS:	<u>DATE RECEIVED</u>	<u>CHURCH NAME AND ADDRESS</u>	(Certificate Required for <u>Baptism</u> )	
BAPTISM	_____			
RECONCILIATION	_____			
FIRST COMMUNION	_____			
CONFIRMATION	_____			

**FATHER'S INFORMATION:** NAME \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_

FATHER'S EMAIL \_\_\_\_\_ EMPLOYER & CITY OF EMPLOYMENT \_\_\_\_\_

RELIGION \_\_\_\_\_ HOME PARISH/CHURCH \_\_\_\_\_

**MOTHER'S INFORMATION:** NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_

MOTHER'S EMAIL \_\_\_\_\_ EMPLOYER & CITY OF EMPLOYMENT \_\_\_\_\_

RELIGION \_\_\_\_\_ HOME PARISH/CHURCH \_\_\_\_\_

**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.)

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Both Natural/Adoptive Parents | <input type="checkbox"/> Shared Parenting     | <input type="checkbox"/> Aunt & Uncle   | <input type="checkbox"/> Brother Only |
| <input type="checkbox"/> Father Only                   | <input type="checkbox"/> Mother & Step Father | <input type="checkbox"/> Grandparent    | <input type="checkbox"/> Sister Only  |
| <input type="checkbox"/> Mother Only                   | <input type="checkbox"/> Father & Step Mother | <input type="checkbox"/> Legal Guardian |                                       |
| <input type="checkbox"/> Host Family/Foreign Exchange  | <input type="checkbox"/> Foster Home          |   |                                       |

**DOCUMENTS NEEDED FOR COMPLETION OF APPLICATION:**  
**(ALL NECESSARY DOCUMENTS AND FEES MUST BE RECEIVED BEFORE ACCEPTANCE)**

**ADDITIONAL DOCUMENTS NEEDED IF APPLYING FOR**  
**THE OHIO ED CHOICE SCHOLARSHIP**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Completed Application for Enrollment Form   | <input type="checkbox"/> 1. Ed Choice Application                |
| <input type="checkbox"/> 2. Registration fee \$125.00 for ALL new families <b><u>due at the time of registering student</u></b>   | <input type="checkbox"/> 2. Proof of Residency, (Within 60 days) |
| <input type="checkbox"/> 3. Technology fee \$100.00 for single child; or family with two or more children \$200.00 <b><u>due March 10, 2025</u></b>                       |  |
| <input type="checkbox"/> 4. Birth Certificate   |  |
| <input type="checkbox"/> 5. Baptismal Certificate, (If applicable)  |  |
| <input type="checkbox"/> 6. Immunization Record/Medical Form  |  |
| <input type="checkbox"/> 7. Report Cards, Standardized Test Results & Additional Support or Services Received From <b><u>All Previous School Years</u></b> , (Grades 1-8) |  |
| <input type="checkbox"/> 8. Third Grade State Reading Results (Grade 3)   |  |