



APPLICATION FOR ADMISSION

(PLEASE PRINT OR TYPE YOUR RESPONSES)

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Date of Birth (Month/Day/Year): _____

School Presently Attending: _____ Circle Present Grade: 4 - 5 - 6

School's Street Address: _____

School's City: _____ State: _____ ZIP Code: _____

School's Phone Number: _____

Name of Previous School (if applicable): _____ Year(s) Attended: _____

Previous School's Street Address: _____

Previous School's City: _____ State: _____ ZIP Code: _____

FAMILY INFORMATION:

MOTHER (OR GUARDIAN)

FATHER (OR GUARDIAN)

Full Name: _____

E-mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Home Address (if different than student's): _____

Home Phone (if different than student's): _____

CHECK (IF APPLICABLE):

___Parents Together ___Mother Deceased (Year: ___) ___Father Deceased (Year: ___)

___Mother Remarried ___Father Remarried

___Parents Separated or Divorced (If yes, name the custodial parent: _____)

NOTE: IN THE ABSENCE OF A COURT ORDER TO THE CONTRARY A PARENTAL REQUEST TO RECEIVE INFORMATION ABOUT A STUDENT'S STATUS IN SCHOOL WILL BE HONORED.

ADULT OR ADULTS WITH WHOM STUDENT LIVES:

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____

BROTHERS AND SISTERS:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

LANGUAGE(S) SPOKEN AT HOME: _____

STUDENT'S ETHNIC BACKGROUND (INDICATING THIS IS OPTIONAL):

___African ___Asian ___Caucasian ___Hispanic ___Other: _____

STUDENT'S RELIGIOUS BACKGROUND (INDICATING THIS IS OPTIONAL):

NOTE: THE DE LA SALLE SCHOOL IS A CATHOLIC SCHOOL. ALL STUDENTS WILL BE ENROLLED IN RELIGION CLASSES AND ATTEND CHURCH SERVICES.

Roman Catholic (If yes, please name parish: _____)

Date of Baptism: _____ Date of First Communion: _____

Non-Catholic Christian Muslim Jewish Other: _____

STUDENT'S STATEMENT OF INTENT:

In the space below the student is to respond to the question given. The answer must be in English and in the student's handwriting.

Why do you wish to attend The De La Salle School?

Student Signature: _____ **Date:** _____

SCHOOL INFORMATION:

Is there any illness or disability that may interfere with the student's studies or participation in school activities such as Physical Education?

YES NO If YES, please indicate what they are (asthma, dyslexia, etc.) and explain.

Is the student presently enrolled in any type of special education program and/or does he have an IEP?

YES NO If YES, please explain.

PARENT’S OR GUARDIAN’S STATEMENT OF INTENT:

State in a couple of sentences why you want your son to attend The De La Salle School. Your response may be written in your native language.

It is my wish to cooperate fully with the rules and policies of The De La Salle School.

Parent (or Guardian) Signature: _____ Date: _____

Parent (or Guardian) Signature: _____ Date: _____

The De La Salle School admits students of any race, color, nationality, or religion to all rights, privileges, programs, and activities generally accorded or made available at school. The De La Salle School does not discriminate on the base of race, color, nationality, or religion in the administration of its educational policies and school-administered programs.