Assumption Catholic School
Student Application Form

SCHOOL YEAR: 2009-2010
GRADE:

Complete one form per child (front & back)

Child's Name

Last: ______________________________

First: ______________________________

Middle: ______________________________

Nickname: ______________________________

Sex

Male ☐

Female ☐

US Citizen

Yes ☐

No ☐

Address

Street: ______________________________

City: ______________________________

State: ______________Zip____________

Phone Number: (______) _______-________

Birth Date _______/_______/________

Birth Place:

City ____

County ____________________ State ______________

Country (if outside USA) __________________________

Resides with ***(check one)***

Both ☐ *Mother ☐

*Father ☐ *Other ☐: ________________

**If checked a Court Ordered Final Judgment (custody papers) must be submitted to the Main Office.*

Does other parent have shared custody?
Yes ☐ No ☐

Ethnic Origin of Child
(This is used for State/Diocesan statistical purposes.)

☐ Caucasian ☐ Hispanic

☐ African-American ☐ Asian/Pacific Islander

☐ Native American ☐ Multi-Racial

Language spoken at home: ________________

____

Sacraments

☐ **Catholic** (please check all sacraments your child has received)

☐ Baptized ☐ Penance
☐ Holy Eucharist ☐ Confirmation

☐ **Non-Catholic**
☐ Baptized
Religion ________________________

Church ________________________

Academic Information

Transferring From (if applicable):

School Name____________________________________

____
Street Address

____
City State Zip

***Kindergarten Use Only**: Did the student attend VPK? ☐Yes ☐No

Has the student ever repeated a grade? ☐Yes ☐No

If so, which Grade(s)?________

Has the student ever been suspended/expelled from any school? ☐Yes ☐No

Psychological

Please submit psychological test results

☐ N/A ☐ ADD ☐ ADHD
☐ SLD Please list disability______________

Is your child taking any medication associated with this disability?
☐ Yes ☐ No
If yes, please specify:

____

Medical Information

Is student currently taking *medication on a regular basis? If yes please specify in the box below.
Prescription (medication prescribed by a physician)

Diagnosis (i.e. Asthma)	Medication	Dosage	Frequency

Non-Prescription (over-the-counter medication)

Condition	Medication	Dosage	Frequency

*Please refer to school handbook for medication policy. Medication forms are available in the office.

Does your child have any allergies? _______If yes, please specify: ____________________________________

____

Does your child have asthma? _________ Current treatment: ____

____

The following information must be enclosed with the application:

- **Birth Certificate**
- **Baptismal Certificate (Catholic)**
- **Social Security Card**
- **Recent report card and previous two years report cards (if applicable)**
- **Standardized Tests (grades 2-8)**
- **Psychological Test Results (if applicable)**

I, ____

(Print First & Last Name)

acknowledge that I have completed the application, student enrollment and medical information forms to the best of my knowledge. If any information changes I will notify the school office in writing as soon as it occurs.

________________________________ __________

Signature **Date**

Florida Department of Health
****OFFICIAL USE ONLY****

☐ Student Health Examinations (Gold/Yellow Form)

Date: ___________

☐ Certificate of Immunization (Blue Form)

Completed: _________ Date to be completed by: ____________