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2021–2022 Pre-Admission Application

Today's Date: _____ Applying for grade: _____ for the **2021-2022** School Year
Please complete a separate Pre-Admission Application Form for each student applying. (Please print.)

Student Information

Last Name First Name Middle Name
Birth Date*: _____ Gender: M F

* By STATE LAW a child must be 5 years old on or before 10.1.2021 to enter Kindergarten and 6 years old on or before 10.1.2021 to enter Grade 1. (Please attach a copy of your child's State-Issued Birth Certificate.)

Ethnicity of Student: Please choose from the following:

- American Indian/Native Alaskan Asian Native Hawaiian/Pacific Islander
 Hispanic African American Caucasian Multiple Races (2 or more)

Family Information

Last Name Father's First Name Mother's First Name

Street Address

City State Zip

Home Phone Father's Work/Cell Mother's Work/Cell

Father's Email Address Mother's Email Address

Name of Current Parish

Date Registered in Parish Parish Envelope #

Child's Full Name	Date of Birth	Grade 2021–2022 School Year

Please list all other children.

Remember: A separate Pre-Admission Application Form must be submitted for each child applying.

Student Information

Religion: Catholic Other _____

Baptized*: Yes No _____

_____ Date _____ Church

_____ Baptized In What Religion _____ City/State

Reconciliation: Yes No

_____ Date: _____ Church _____ City/State

First Communion*: Yes No

_____ Date: _____ Church _____ City/State

Confirmation: Yes No

_____ Date: _____ Church _____ City/State

*(Please provide a copy of your child's Baptism and First Communion Certificate, if applicable.)

Please list all schools attended, beginning with current school. (use an extra sheet of paper if necessary)

Name of School	Address City/State/Zip	Grades Attended	Reason for Leaving

Medical Information

Does your child take any medication on a regular basis? Yes No

If yes, please give the name of the medication and reason for taking it.

Additional Information

Has your child ever been recommended for further evaluations; i.e., for academic, learning, behavioral, or attention problems? Yes No

If yes, does he/she have an IEP or a 504? Yes No (If yes, it must be submitted with this application.)

Has your child had any private testing or evaluation? Yes No

If yes, attach any results and briefly describe the reasons for evaluation.

The above information will help us determine if STM Catholic can adequately meet your child's needs. Failure to disclose any of the above could result in the student being asked to leave.

Please describe how your family has contributed time, talent and treasure to your parish.

Why is a Catholic school education important to your family?

A copy of this page may be attached to sibling(s) applications.
Attach to this form any additional information/letters which you believe will support your application.