



SMCS

St. Malachy Catholic School STUDENT APPLICATION FOR ADMISSION

Student's Full Name _____

Grade _____



OFFICE USE ONLY

Application received _____ Registration Fee _____

Items received:

- | | |
|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Recent report card |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> Custody paper (if applicable) |
| <input type="checkbox"/> Baptismal certificate | <input type="checkbox"/> Physical form |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Dental forms |

St. Malachy Catholic School – Application for Admission

Please print all information

STUDENT INFORMATION

Student's full legal name _____ Male Female

Last: _____ First: _____ Middle: _____

Child's Primary Home Address _____ City _____ Zip Code _____

Birth place: City _____ State _____ BOD ____/____/____

Age of Child: _____ Primary Language Spoken: _____

Ethnicity: African-American Asian Caucasian Hispanic/Latino Other (specify) _____

Religion: _____ Baptized? Yes No

If yes, date: _____ Church _____ City/ State _____

If separated or divorce, who has legal custody of the child/children? _____
Note: Custodial documentation is required with this application.

Previous School(s) Attended:

School _____ Date: _____ To _____ Grade (s): _____ to _____

School _____ Date: _____ To _____ Grade (s): _____ to _____

Applicant's Sibling(s):

Name: _____ School Attending _____ Gr. _____

Name: _____ School Attending _____ Gr. _____

Name: _____ School Attending _____ Gr. _____

ST. MALACHY CATHOLIC SCHOOL - APPLICATION FOR ADMISSION

Mother's/ Legal Guardian's Information

Single Married Divorce Separated

First: _____ Last: _____ Middle: _____

Address: _____ City: _____ Zip Code: _____

Cell Phone: (____) _____ - _____ Other Phone# (____) _____ - _____

Email: _____ Language Spoken: _____

Ethnicity: African-American Asian Caucasian Hispanic/Latino Other (specify) _____

Birth Place: _____ Religion: _____

Employment: _____ Title/Position: _____

Address: _____ Phone: (____) _____ - _____

St. Malachy Alumni? _____ If yes, grade and date attended: _____

Has the right to (please check all that apply):

- Emergency contact Pick-up student Sign-out Student Sign/Receive Report Card Tuition /Fees
 Grade link access Receive Teacher Call/Information Parent-Teacher Conference

Father's/ Legal Guardian's Information

Single Married Divorce Separated

First: _____ Last: _____ Middle: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____ Language Spoken: _____

Ethnicity: African-American Asian Caucasian Hispanic/Latino Other (specify) _____

Birth Place: _____ Religion: _____

Employment: _____ Title/Position: _____

Address: _____ Phone: (____) _____ - _____

St. Malachy Alumni? _____ If yes, grade and date attended: _____

Has the right to (please check all that apply):

- Emergency contact Pick-up student Sign-out Student Sign/Receive Report Card Tuition /Fees
 Grade link access Receive Teacher Call/Information Parent-Teacher Conference

Legal Stepparent Information (if applicable)

First: _____ **Last:** _____ **Middle:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

Email: _____ **Language Spoken:** _____

Ethnicity: African-American Asian Caucasian Hispanic/Latino Other (specify) _____

Birth Place: _____ **Religion:** _____

Employment: _____ **Title/Position:** _____

Address: _____ **Phone:** (____) _____ - _____

St. Malachy Alumni? _____ **If yes, grade and date attended:** _____

Has the right to (please check all that apply):

- Emergency contact Pick-up student Sign-out Student Sign/Receive Report Card Tuition /Fees
 Grade link access Receive Teacher Call/Information Parent-Teacher Conference

Person financially responsible for all St. Malachy School tuition and fees:

Name: _____ **Relationship to student** _____

Phone: (____) _____ - _____ **Address:** _____

Cell phone: (____) _____ - _____ **Email:** _____

Will you child be walking to school by themselves? Yes No

Will your child be walking home after school by themselves? Yes No

Please list the name(s) of the person(s) who will be dropping off and picking-up your child regular basis.

DROP-OFF: Name _____ Relationship to Student: _____

Name _____ Relationship to Student: _____

PICK-UP: Name _____ Relationship to Student: _____

Name _____ Relationship to Student: _____

S.M.C.S. SCHOOL APPLICATION FOR ADMISSIONS
Applicants Personal Information

1) Has the child ever been retained? _____ If yes, grade? _____ Reason _____

2) Has the applicant ever been dismissed or withdrawn from school for disciplinary reasons? No ___ Yes ___

Explain _____

3) Does your child have any physical or emotional condition requiring special considerations? No ___ Yes ___

Explain _____

4) Does your child have any unusual habits or mannerisms that distract him/her from the task at hand?

No ___ Yes ___ Explain _____

5) Does your child have any unusual factors in his/her life that might require special consideration?

No ___ Yes ___ Explain _____

6) Does your child have any nervous habits that he/she exhibits? No ___ Yes ___ Describe _____

7) Does your child take prescription medication on a daily basis? No ___ Yes ___

List medication, dosage and reason/condition: _____

8) Does your child have speech irregularities or concerns? No ___ Yes ___ Explain _____

9) Has your child ever been referred for an IEP or a 504 plan? No ___ Yes ___ please indicate Date &

Place where he/she was referred _____

10) Does your child currently have an IEP (Individualized Education Program) or 504? No ___ Yes ___

Date of IEP _____ School Name _____ City _____

11) Does your child get along well with other children/adults? No ___ Yes ___ Explain _____

12) Does your child have any allergies or allergic reaction to food, material or animals? No ___ Yes ___

Please list them _____

13) Is there any other information about your child that you would like to share or feel would be of great importance for administration and faculty to be aware of, to help us better understand, and help your child?

Explain _____
