



Application Portfolio

for Pre-Kindergarten through Grade 8
2017 – 2018 School Year

Applicant's Name _____
Entering Grade _____
Today's Date _____

Infant of Prague Catholic School APPLICATION FORM

The information in this area will be entered in the School Speak / School Messenger system. All entries must be complete and legible.

FATHER INFORMATION

Name _____
Street Address _____
City _____
State _____ Zip Code _____
E-mail _____@_____. _____
Cell Phone (_____) _____ Carrier _____
Home Phone (_____) _____
Work Phone (_____) _____
Occupation _____
Place of Employment _____
Religion _____
Place of Birth _____

MOTHER INFORMATION

Name _____
Street Address _____
City _____
State _____ Zip Code _____
E-mail _____@_____. _____
Cell Phone (_____) _____ Carrier _____
Home Phone (_____) _____
Work Phone (_____) _____
Occupation _____
Place of Employment _____
Religion _____
Place of Birth _____

FAMILY INFORMATION

Status of parents(s) Married Single Divorced Separated
Student resides with Both Parents Mother Father Other: _____
Primary custodial parent: _____ Does other parent have legal access? Yes No

Please list brothers and sisters with current age and grade (if in school):

Name	Age	Grade	Name	Age	Grade
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___

Active Catholics Parish where registered _____
Registration number (found on the weekly envelopes) _____
Date registered in the Parish _____

STUDENT INFORMATION

Legal Last Name _____ First Name _____ Middle Name _____
Date of Birth ___/___/___ Place of Birth (City, State) _____

Ethnic Background
Hispanic/Latino Yes No and Asian White
 Native American Two or more races
 Black Unknown
 Hawaiian/Pac Islander

Religion

Catholic

Baptism - Date ___/___/___

Location (Church, City, State) _____

Communion - Date ___/___/___

Location (Church, City, State) _____

Confirmation - Date ___/___/___

Location (Church, City, State) _____

Other Religion: _____

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NEW STUDENTS ONLY

SCHOOL LAST ATTENDED: (full address needed to request records)

Name _____

Address _____

City/St./Zip _____ Phone _____

Please list previous school applicant has attended:

School	Grades Attended
_____	_____
_____	_____

Has your child received prior evaluation for learning disorders or received special education services including counseling, special education placement or ancillary support services? No Yes If yes, please attach all related documentation.

Does your child have an IEP at school presently attending? No Yes If yes, please attach a copy of IEP.

Applications will not be reviewed without the documentation listed above.

STUDENT INFORMATION

The following information is used in the case of an emergency. Please be sure information is legible and specific.

MEDICAL INFORMATION

Medical Conditions: No Yes Explain: _____

Allergies: No Yes List Allergies: _____

Medications: No Yes Explain: _____

Only medications prescribed by a physician may be administered by the teacher. Authorization forms are required and are available in the school office.

EMERGENCY CONTACT: In the case of injury or illness parents will be telephoned first. In the event a parent is not able to be reached, the following individuals will be called.

Contact 1 _____ Relationship _____ Phone _____

Contact 2 _____ Relationship _____ Phone _____

Students will be released to father, mother, sibling, emergency contacts and anyone who is authorized on this form. Parents must make additions or subtractions to this list in person or in writing.

AUTHORIZED PICK UP LIST: persons other than parents who are authorized to pick up child. ID will be required.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

NEW STUDENT

I am registering my child in Infant of Prague Catholic School for the academic year 2016-2017, subject to the following conditions:

I understand as a new family interested in enrolling at Infant of Prague Catholic School that families of Infant of Prague parish will be accepted first, then other Catholic families and after that, all other families. Consideration is given to families already enrolled in Infant of Prague Catholic School for additional members of their immediate family. If there are more applicants in any of the above categories than there are available openings, priority will be given based upon receipt of **completed** applications.

Students not accepted due to lack of space will have their name placed on a waiting list. This list is kept through January of the school year in which I am seeking admission for my child.

If school is in session, all Fees and Tuition Payments will be paid upon acceptance. **I understand ALL FEES ARE NON- REFUNDABLE.** I also understand that Tuition Payments may be pro-rated in the event military transfer orders are presented.

Application Fee (non-refundable): \$100.00 per student to be included with this application form

This application is not a guarantee that you will be accepted by Infant of Prague Catholic School for the coming school year. It represents your request that Infant of Prague accept your child for enrollment during the coming year. Infant of Prague Catholic School reserves the right to decline enrollment.

I will adhere to the Financial Responsibility Policy as approved by the Infant of Prague Finance Committee.

All the information contained on this application is true and accurate. Any omission or untruth could warrant non-acceptance or dismissal from the school program.

Signature of Parent or Guardian

Date

Please submit the \$100 Application Fee with the following items to the school office:

- Application Form
- Updated Immunization Form
- Birth Certificate
- Baptismal Certificate (if Catholic)
- All Report Cards (1st through 8th)
- Standardized Test Results (1st through 8th)
- Aftercare Form (K through 8th) (one per family)
- Financial Responsibility Policy (one per family)

RETURNING STUDENT

I am re-registering my child in Infant of Prague Catholic School for the academic year 2016-2017, subject to the following conditions:

Students not accepted due to lack of space will have their name placed on a waiting list. This list is kept through January of the school year in which I am seeking admission for my child.

Application Fee (non-refundable): \$100.00 per student to be included with this application form

This application is not a guarantee that you will be accepted by Infant of Prague Catholic School for the coming school year. It represents your request that Infant of Prague accept your child for enrollment during the coming year. Infant of Prague Catholic School reserves the right to decline enrollment.

I will adhere to the Financial Responsibility Policy as approved by the Infant of Prague Finance Committee.

All the information contained on this application is true and accurate. Any omission or untruth could warrant non-acceptance or dismissal from the school program.

Signature of Parent or Guardian

Date

Please submit the \$100 Application Fee with the following items to the school office:

Kindergarten

- Application Form
- Updated Immunization Form
- NC Kindergarten Health Form
- Aftercare Form (one per family)
- Financial Responsibility Policy (one per family)

Seventh Grade

- Application Form
- Updated Immunization Form
- Aftercare Form (one per family)
- Financial Responsibility Policy (one per family)

All Other Grades

- Application Form
- Aftercare Form (one per family)
- Financial Responsibility Policy (one per family)