

ST. ANNE PACELLI CATHOLIC SCHOOL

2020 Kay Circle . Columbus, Georgia . 31907

706.561.8232 . 706.563.0211 Fax

www.sasphs.net

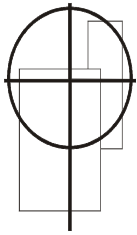
**APPLICATION
PROCEDURE**

Application Checklist:

- Have you completed the application and signed it?
- Did you enclose a \$50 check with the application?
- Did you sign the Student Information Sheet Form and Transcript Request Form and submit them to your school for completion? These documents are necessary for students entering grades 1-12.
- To arrange a tour or entrance test, please call the Admissions Office at (706) 561-8232.

*Give yourself a pat on the back for taking the first step toward becoming a
St. Anne Pacelli Viking!*

*Visit us on the web at:
www.sasphs.net*



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APPLICATION

Student

Birthdate: _____ Applying for grade: _____ School Year: _____ Religion of student: _____

Name: _____
First Middle Last Preferred Name

Place of birth: _____ Gender: M or F Student's birth order _____ No. of brothers _____ No. of sisters _____

Address: _____ City: _____ State: _____ Zip: _____

Ethnic origin (optional): African American Asian American or Pacific Islander Caucasian Latino/Hispanic
 Native American or Native Alaskan Multi-racial Middle Eastern American Other: _____

Student lives with: Both parents _____ Mother _____ Father _____ Other _____

Parents are: Married _____ Divorced _____ Separated _____ Student's Social Security No. _____

Family e-mail: _____

Parent/Guardian

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Address (if different for student): _____ Religion/Parish _____

Employer: _____ Occupation: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Address (if different for student): _____ Religion/Parish _____

Employer: _____ Occupation: _____ Work Phone: _____

Home conditions or background information that would help us better understand your child: _____

How did you hear about St. Anne Pacelli? _____

Medical Information

Is the student presently seeing a medical professional on a regular basis for a diagnosed condition? Yes _____ No _____

Diagnosis: _____

Family doctor/Pediatrician: _____ Phone: _____

Medication prescribed: _____ Taken at home: _____ Taken at school: _____

Is student physically or mentally challenged? Yes _____ No _____

If yes, does he/she require special accommodations? _____

Education

School last attended: _____ Reason for leaving: _____

School Address: _____ State _____ Zip _____

Has the student previously been enrolled at St. Anne Pacelli? Yes _____ No _____ Grade: _____

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

Is the student presently being tutored? Yes _____ No _____ Subject area of tutoring: _____

Has the student ever been enrolled or recommended for placement in any special education classes? Yes _____ No _____

Learning Disability _____ Physical Disability _____ Behavioral Disorder _____ Other _____

Siblings in family presently attending St. Anne Pacelli:

1. Name _____ Grade: _____ 2. Name _____ Grade: _____

3. Name _____ Grade: _____ 4. Name _____ Grade: _____

If you speak a language other than English at home, please list: _____

Sacraments Received (If Catholic)

Baptism date: _____ Parish: _____ City: _____ State: _____

Reconciliation date: _____ Parish: _____ City: _____ State: _____

Holy Eucharist date: _____ Parish: _____ City: _____ State: _____

Confirmation date: _____ Parish: _____ City: _____ State: _____

What is your primary reason for making application to St. Anne Pacelli Catholic School? _____

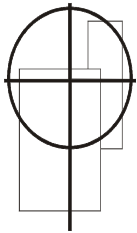
PLEASE READ IMPORTANT INFORMATION BELOW BEFORE SUBMITTING APPLICATION

1. Georgia Certificate of Immunization (form 3231).
2. A copy of the student's Birth Certificate.
3. If Catholic, a copy of the student's Baptismal Certificate.
4. If transferring from another school, a copy of the student's last report card and standardized national test scores.
5. A non-refundable application fee of \$50.00 per student made payable to St. Anne Pacelli Catholic School.

I understand and acknowledge that St. Anne Pacelli Catholic School may deny admission at any time if it determines that enrollment of the child in St. Anne Pacelli would not be appropriate. I understand and acknowledge that St. Anne Pacelli may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of St. Anne Pacelli Catholic School.

Signature of Parent/Guardian

Date of Application



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TRANSCRIPT REQUEST FORM

Please fill out the top portion of this form and submit the form to your current school.

Student name: _____ Present School _____ Current grade: _____

PARENTAL AUTHORIZATION FOR RECORDS RELEASE:

This student has applied for admission to St. Anne Pacelli Catholic School. I authorize you to release the academic records of my child to St. Anne Pacelli. Please send a complete transcript, to include grading scale.

PLEASE ATTACH RECORDS

Signature of Parent/Guardian: _____ Date _____

Principal's Evaluation

For school principals, principal to principal

Has this student ever been suspended or appeared before your Discipline Committee? If yes, please comment.

How would you rate this family's overall support of the school? _____

If applicable, does this family pay tuition in a timely manner? _____

Check one of the following:

____ (1) I strongly endorse this candidate for admission.

____ (2) I endorse this candidate.

____ (3) I endorse this candidate with reservations.

____ (4) I do not endorse this candidate.

Comments: _____

Principal's Name: (please print) _____

Signature: _____

(Please Attach Transcript)

Thank you for the time and effort you have taken in completing this evaluation.

Present Reading Series: _____

Copyright: _____ Reading Level: _____

Present Math Series: _____

Copyright: _____ Math Level: _____

Based on the work that this student has completed in your school, please rate the student's overall progress:

- Outstanding Student
- Above Average Student
- Average Student
- Low Average Student
- Working Below Grade Level

Has this student ever been recommended for or identified as needing:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Psychological Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gifted Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grade Retention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Language - Speech/Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ESL Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes" for any item, please explain: _____

Please provide any other information which will assist us in our acceptance of this student:

Signature of Teacher _____ Date _____

Signature of Principal _____ Date _____