

ST. ANNE-PACELLI CATHOLIC SCHOOL

2020 Kay Circle . Columbus, Georgia . 31907

706.561.8232 . 706.563.0211 Fax

www.BeAViking.com

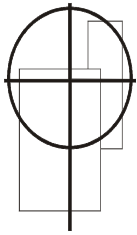
APPLICATION PROCEDURE

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 Request Form and submit it to your school for completion? This document is necessary for students entering grades 1-12.
- To arrange a tour or placement 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.BeAViking.com*



ST. ANNE-PACELLI CATHOLIC SCHOOL
 2020 Kay Circle . Columbus, Georgia . 31907
 706.561.8232 . 706.563.0211 Fax
 www.BeAViking.com

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: _____ Title/Rank: _____ Work Phone: _____

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

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

Employer: _____ Title/Rank: _____ 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:

1. Name _____ Grade/Age: _____

2. Name _____ Grade/Age: _____

3. Name _____ Grade/Age: _____

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 SUBMIT WITH APPLICATION

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

The forms below must be in the school office prior to the first day of school:

* Georgia Certificate of Immunization (form 3231).

* If Catholic, a copy of the student's Baptismal Certificate.

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

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/Counselor _____ Date _____

Principal's Evaluation

Has this student ever been suspended or appeared before your Discipline Committee?

If yes, please attach a detailed discipline record _____

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 Signature _____ Date _____

Please Attach Transcript