



# St. Viator Elementary School

*We believe in excellence in education.*

## NEW STUDENT APPLICATION FOR ADMISSION

### ADMISSIONS PROCESS

Please submit the following items for admission review.

- A completed Application for Admission form for each child applying to St. Viator Elementary School
- A copy of the child's Birth Certificate, not a hospital certificate
- A copy of Baptismal Certificate for any religion, if not baptized please note this on the form
- For transfer applicants, grades K - 8<sup>th</sup>, a copy of current report card from previous school must be included
- Non-refundable application fee of \$100 per student

### PRIORITY ENROLLMENT ADMISSIONS CRITERIA

All students who complete the application process are considered for acceptance. However, we cannot guarantee enrollment to all who apply. If enrollment requests exceed availability the following criteria will apply:

- Returning students will receive priority, PreK - 8<sup>th</sup> if application is submitted prior to priority deadline.
- Siblings of current & returning students will receive priority, if application is submitted prior to priority deadline.
- Enrollment will be determined by the St. Viator Elementary School administration based on the individual circumstances of enrolling students and families.
- Current academic information (student grades, attendance, tests scores, IEP's or 504 Plans) are all taken into consideration when reviewing applicants that are transferring from a different school.
- We strive to maintain a diverse community of students and families with a strong commitment to our school and our mission.

### Non-Discrimination Policy

*St. Viator School admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color, sex or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs or athletic and other school related programs.*



**APPLICATION Please complete one for each child**

Academic Year \_\_\_\_\_ (ex: 2016—2017)

School Hours: Full Day 7:50 – 3:00 Half Day 7:50 – 11:00

Please choose one: New Family \_\_\_\_\_ Current Family/New Student \_\_\_\_\_

Applying for Grade:

PK3 3 Day Full Day  PK3 3 Day Half Day  PK3 5 Day Full Day  PK3 5 Day Half Day  PK4 Full Day  PK4 Half Day  
If you register for half day, your child may be placed in a combined PK3/PK4 classroom.

Grade \_\_\_\_\_ If a new family, a copy of most recent report card should be attached to this application

**STUDENT INFORMATION**

Student Name (Last, first, middle) \_\_\_\_\_

Prefers to be called \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Place of Birth (City/State/Country) \_\_\_\_\_

Student's address - Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone number (if applicable) \_\_\_\_\_

Health Conditions (Allergies, etc.) \_\_\_\_\_

List All Medications \_\_\_\_\_

Last School Attended (if applicable) \_\_\_\_\_

Grade \_\_\_\_\_

Reason for Transfer (if applicable) \_\_\_\_\_

Public School Nearest Your Home \_\_\_\_\_

Does/has student received Special Education Services?  Reading  Math  Speech  Other: \_\_\_\_\_

Does student have an IEP?  Yes  No **If yes , information should be attached to this application**

Student's Ethnic/Racial Background:

American Indian or Alaskan  Asian  
 Native Hawaiian or Other Pacific Islander

Black or African-American  
 White

Hispanic or Latino  
 Two or more races

Languages spoken at home \_\_\_\_\_

Student's Religion \_\_\_\_\_

Parish, Church, or Place of Worship \_\_\_\_\_

City/State \_\_\_\_\_

Baptism Date \_\_\_\_\_

Parish, Church, or Place of Worship \_\_\_\_\_

City/State \_\_\_\_\_

First Communion Date \_\_\_\_\_

Parish, Church, or Place of Worship \_\_\_\_\_

City/State \_\_\_\_\_

Confirmation Date \_\_\_\_\_

Parish, Church, or Place of Worship \_\_\_\_\_

City/State \_\_\_\_\_

## FAMILY INFORMATION

**FATHER**  Mr.  Dr.

▲ NAME

▲ ADDRESS if different from applicant

▲ CELL PHONE

▲ WORK PHONE

▲ EMAIL

▲ EMPLOYER

▲ OCCUPATION

▲ RELIGION

▲ PLACE OF BIRTH

▲ DATE OF BIRTH

Alum of St. Viator School. Year of Graduation: \_\_\_\_\_

**MOTHER**  Mrs.  Ms.  Miss  Dr.

▲ NAME

▲ ADDRESS if different from applicant

▲ CELL PHONE

▲ WORK PHONE

▲ EMAIL

▲ EMPLOYER

▲ OCCUPATION

▲ RELIGION

▲ PLACE OF BIRTH

▲ DATE OF BIRTH

Alum of St. Viator School. Year of Graduation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Parental Status:**  Married  Separated  Divorced  Single Parent  Father Deceased  Mother Deceased

If father remarried, Stepmother's Full Name \_\_\_\_\_

If mother remarried, Stepfather's Full Name \_\_\_\_\_

▲ If parents are divorced, who has legal custody? \_\_\_\_\_

▲ Custody Restrictions if any \_\_\_\_\_

▲ Who will receive grades, reports, weekly information and mailings? \_\_\_\_\_

## SIBLING INFORMATION

▲ Sibling's Full Name

▲ Birthdate

▲ Current School

▲ Grade

▲ Sibling's Full Name

▲ Birthdate

▲ Current School

▲ Grade

▲ Sibling's Full Name

▲ Birthdate

▲ Current School

▲ Grade

▲ Sibling's Full Name

▲ Birthdate

▲ Current School

▲ Grade



## TUITION AND FINANCIAL AID

Are you a registered parishioner of St. Viator? Yes \_\_\_\_\_ No \_\_\_\_\_

### PERSON(S) RESPONSIBLE FOR FEES AND TUITION:

FATHER  MOTHER  BOTH  OTHER - *Please fill in information below*

\_\_\_\_\_  
▲ NAME

\_\_\_\_\_  
▲ RELATIONSHIP

\_\_\_\_\_  
▲ ADDRESS

\_\_\_\_\_  
▲ PHONE NUMBER

St. Viator is committed to making financial aid available to new and returning students as needed. Application for admission to St. Viator should not be discouraged because of affordability of tuition, we believe in giving every child the opportunity to receive a high-quality Catholic education. To be considered for financial aid you must apply through FACTS either online at:

<https://online.factsmgt.com/SignIn.aspx?ReturnUrl=%2f>

or through the mail. Paper forms are available upon request from the school office.

Will you be applying for financial aid? Yes  No

### How did you hear about St. Viator?

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### Why do you want your child to attend St. Viator?

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### What are your most important considerations in choosing a school?

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I (we) hereby state that the information contained herein is true and complete. I (we) have not knowingly omitted any information regarding my (our) child.

\_\_\_\_\_  
▲ Father's Signature

\_\_\_\_\_  
▲ Date

\_\_\_\_\_  
▲ Mother's Signature

\_\_\_\_\_  
▲ Date

#### For office use

Date received \_\_\_\_\_ Amount paid \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt Given \_\_\_\_\_

Family ID \_\_\_\_\_ Student ID \_\_\_\_\_

Acceptance letter sent: \_\_\_\_\_

Acceptance Retd: \_\_\_\_\_

\$100.00 Acceptance Fee

Check# \_\_\_\_\_ Cash \_\_\_\_\_ Receipt Given \_\_\_\_\_