

Saint Leo the Great Catholic Preschool

3704 Old Lee Highway, Fairfax, Virginia 22030, 703-273-1211, ext. 652

Application for Admission

School Year 2011-2012

STUDENT DATA

Legal Name: Last _____ First _____ Middle _____ Nickname: _____

Sex _____ Date of Birth: _____ City & State of Birth: _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone: _____ Cell Phone (Mom): _____ Cell Phone (Dad): _____

Email where official school communication can be sent: _____

Family Background

	Mother	Father
Full Name	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone:	_____	_____
Email address:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Address:	_____	_____
Religion:	_____	_____
Parish:	_____	_____
Primary language spoken at home	_____	_____

Check all that apply: Only Child in Saint Leo's? yes no

Oldest Child in Saint Leo? yes no

Names and ages of all siblings: _____

Applying for: _____ 3 yr old - Tuesday/Thursday, AM (children must be 3 years old by September 30th of the current year)
_____ 4 yr old – Mon./Wed./Fri AM (children must be 4 years old by September 30th of the current year)
_____ 4 yr old – Monday through Friday PM-(1st and 3rd Fridays of the month 1:40pm early dismissal)

Previous Preschools Attended (must be completed):

Name of School	Dates	Grades	Location	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sacramental Record: Baptized ? Yes No Religion: _____

For Catholic Applicants: Baptism Date _____ Church _____ Location (City and State) _____

Name and Address of person responsible for tuition/fees payment if different from above:
Name: _____ Address: _____

Marital Status:
 Married Single Separated Divorced*
 Mother deceased Father deceased Father Remarried Mother Remarried

*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.

Grandparent Information:

Paternal Grandparents: Name _____ Address: _____ City: _____ Zip: _____ Phone: _____

Maternal Grandparents: Name _____ Address: _____ City: _____ Zip: _____ Phone: _____

Student lives with: both parents mother father guardian (if checked, fill out below)

Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Occupation: _____ Employer Address: _____ Work Phone _____

Religion: _____ Parish: _____

Has your student ever been tested or evaluated for any disability [Learning Disabilities, Attention Deficit Hyperactivity Disorder, English Speakers of Other Languages, Emotional Disabilities, etc.] or medical condition? Yes No

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided in our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child: Black Hispanic Asian Native American All Others

People with whom your child may leave school (THIS MUST BE COMPLETED):

	Name	Relationship	Address	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Is there anyone with whom your child may not leave school? _____

To be considered for admission, the following documents, including a **\$125.00** application fee, must accompany this application

1. Copy of Baptismal Certificate (Catholics only)
2. Immunization record
3. Copy of Custody decree (if applicable)
4. Original birth certificate must be presented to school personnel for verification.
5. A non-refundable application fee of \$125.00 per child, payable to "Saint Leo the Great Preschool"
6. Commonwealth of Virginia School Entrance Health Form **must be submitted prior to beginning school.**

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

OFFICE USE ONLY:

Application Date: _____ Application Fee: _____ Birth Certificate: _____

Baptismal Certificate: _____ Immunization Record: _____ Physical Form: _____

Custody Decree: _____ Class: _____ Date Accepted: _____