



*Diocese of Arlington*  
*Application for Admission*

Name of School Saint Leo the Great Catholic School School Year 12-13 Applying for Grade \_\_\_\_\_

**STUDENT DATA**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex  M  F

Date of Birth    /   /    City & State of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Country of Birth (if outside United States of America) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Public School System in which student resides \_\_\_\_\_ Public School Child Would Attend \_\_\_\_\_

Email where official school communication can be sent \_\_\_\_\_

Check all that apply:

Only Child at this school?  yes  no      Oldest Child at this school?  yes  no  
If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

**Previous Schools Attended:**

<u>Name of School</u>	<u>Dates</u>	<u>Grades</u>	<u>Location</u>	<u>Telephone</u>
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____

Religion: \_\_\_\_\_ Baptized?  yes  no

**For Catholic Applicants:**

	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	<u>   /   /   </u>	_____	_____
Reconciliation	<u>   /   /   </u>	_____	_____
First Eucharist	<u>   /   /   </u>	_____	_____
Confirmation	<u>   /   /   </u>	_____	_____

**Family Background**

	<u>Mother</u>	<u>Father</u>
Full Name	_____	_____
Maiden Name	_____	_____
Country of Birth (if outside USA)	_____	_____
Home Address	_____	_____
Home City, State, ZIP	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work Email	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____
Parish	_____	_____
Primary language spoken in the home	_____	_____



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Name and Address of person responsible for tuition/fees payment:

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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: Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maternal: Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with: Both Parents, Mother, Father, Guardian (if checked, fill out below)

Guardian Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?

yes no If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, 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 at our school.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.



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

Ethnic status of child:

- American Indian/Native Alaskan
Asian
Black
Hispanic
Native Hawaiian/Pacific Islander
White
Multi-Racial
All Others

To be considered for admission, the following documents must accompany this application:

- 1. Copy of Baptismal Certificate (Catholics only).
2. Current year's report card, including comments, and previous academic year's report card.
3. Current standardized test scores plus the two previous years, if available.
4. Copy of custody decree (if applicable).
5. Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)

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 Report Cards Test Scores
Scholastic Form Assessment/Interview Confirmation of Parish Registration Form
In Parish Out of Parish Non Catholic
Date Accepted Grade/Room Number Teacher/Advisor