

# St. Louis Catholic School

2208 North 23<sup>rd</sup> Street  
Waco, Texas 76708  
254.754.2041



## Prek-3 through 8<sup>th</sup> Grade Application for Admission 2018-19

### Student Information:

Student's Full Legal Name: \_\_\_\_\_

Student's Preferred Name: \_\_\_\_\_

Gender      Male \_\_\_\_\_ Female \_\_\_\_\_      Social Security Number \_\_\_\_\_

Grade for 2019-20      \_\_\_\_\_

Date of Birth      \_\_\_\_/\_\_\_\_/\_\_\_\_      Birth State \_\_\_\_\_

Student Citizenship \_\_\_\_\_

Students Live with      Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_

Other (please specify) \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

**\*Custodial documentation must be submitted with this application.**

Religion \_\_\_\_\_

Church/Parish \_\_\_\_\_

### Ethnicity:

\_\_\_\_\_ American Indian/Native Alaskan

\_\_\_\_\_ Asian

\_\_\_\_\_ Black

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Multiracial

\_\_\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Other

### School Information:

Name of Current School \_\_\_\_\_

Local School District \_\_\_\_\_

Grade in School \_\_\_\_\_

Complete Address of School \_\_\_\_\_

Telephone No. \_\_\_\_\_

Are you current with all financial obligations to the school? Yes\_\_\_\_\_ No\_\_\_\_\_ N/A\_\_\_\_\_

**Family Information:**

**Primary Custodian (mother, father or grandparent) Information:**

Full Legal Name\_\_\_\_\_

Preferred Name\_\_\_\_\_

Street Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Work Phone\_\_\_\_\_ Email\_\_\_\_\_

Marital Status\_\_\_\_\_

Religion\_\_\_\_\_

Church/Parish\_\_\_\_\_

Occupation\_\_\_\_\_

Job Title\_\_\_\_\_

Employer's Name\_\_\_\_\_

Employer's Address, City, State and Zip Code\_\_\_\_\_

\_\_\_\_\_

**Secondary Custodian (mother, father or grandparent) Information:**

Full Legal Name\_\_\_\_\_

Preferred Name\_\_\_\_\_

Street Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Work Phone\_\_\_\_\_ Email\_\_\_\_\_

Marital Status\_\_\_\_\_

Religion\_\_\_\_\_

Church/Parish\_\_\_\_\_

Occupation\_\_\_\_\_

Job Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address, City, State and Zip Code \_\_\_\_\_

**Applicant's Academic Information:**

St. Louis Catholic School is in partnership with parent(s) or guardian(s) to provide the best education for their child, our student. Any information that assists us in this task ultimately benefits your child. The following information is requested to ensure that each student's individual learning needs are met to the best of our ability. Failure to provide this information may inhibit the staff's ability to meet the individual needs of your child, and consequently, the school reserves the right to forego acceptance or continuation of the child in our school if such information is not provided.

**Please note that all information is held in the strictest confidence.**

**All the following questions must be answered:**

What primary language is spoken at home? \_\_\_\_\_

What primary language does your child speak? \_\_\_\_\_

Has applicant repeated a grade? \_\_\_\_\_

Has your child been tested for any special concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been on medication for educational/behavioral purposes? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had special education services provided? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Has your child ever been under the care of a professional counselor, psychologist or psychiatrist?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child participated in an ESL or bilingual program? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child participated in a 504 program? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you willing to share all previous and future special education information/tests with the principal? Yes\_\_\_\_\_ No\_\_\_\_\_

Would you allow a copy of the special education information/tests to be placed in a confidential student file at St. Louis Catholic School? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you willing to sign a release form to allow the principal to speak with the person(s) who conducted any of these services or tests or prepared any information? Yes\_\_\_\_\_ No\_\_\_\_\_

St. Louis Catholic School accepts children of any race, color, sex, religion, or ethnic origin provided that the parents and students agree to follow and adhere to the rules and regulations adopted by the school. St. Louis Catholic School complies with all applicable state and federal laws regarding discrimination.

I hereby certify that all the information given on this application is true, complete and correct to the best of my knowledge.

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Signature of Parent or Legal Guardian

Date

Please return the application with all requested documents to.

Mrs. Tessa Flaquer  
Business Manager  
St. Louis Catholic School  
2208 N. 23<sup>rd</sup> Street  
Waco, Texas 76708

**Checklist for items that need to be submitted with application.**

- Report cards if transferring from another school
- Standardized test scores if transferring from another school

Students entering 3<sup>rd</sup> grade through 8<sup>th</sup> grade must take a placement test after they have been admitted. You must call the school at 254.754.2041 to schedule a time for this test.

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## Request for Records

Student Full Legal Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Date Entered St. Louis Catholic School \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Previous School Address \_\_\_\_\_

Previous School's Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

### *Please send the following:*

Transcript of grades to date of withdrawal

Standardized Test Results

Health Record

### **Send the above to:**

Mrs. Tessa Flaquer  
Business Manager  
St. Louis Catholic School  
2208 North 23<sup>rd</sup> Street  
Waco, Texas 76708  
Phone 254.754.2041  
Fax 254.754.2091

\_\_\_\_\_  
Parent's Signature