

St. Louis Catholic School

2208 North 23rd Street
Waco, Texas 76708
254.754.2041



Prek-3 through 8th Grade Application for Admission 2019-20

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: _____

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.

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. 23rd 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 3rd grade through 8th 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 23rd Street
Waco, Texas 76708
Phone 254.754.2041
Fax 254.754.2091

Parent's Signature