

**St. Veronica Catholic School**  
**Application for Admission**  
**School Year 2020-2021**

Application Date: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

How did you hear about St. Veronica School? \_\_\_\_\_

**STUDENT DATA**

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

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

Country of Birth: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Email where official school communication can be sent: \_\_\_\_\_

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

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 Attended</u>	<u>Grades</u>	<u>City</u>	<u>State</u>

**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: _____
Catholic: _____	Non-Catholic: _____	International: _____
Date Accepted: _____	Grade Assigned: _____	Newsletter: _____
PowerSchool: _____	School Speak: _____	FACTS: _____

Child's Religion: \_\_\_\_\_ Baptized?  Yes  No

**For Catholic Applicants:**

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

The following information regarding ethnicity is for use in applying for Federal Grants and NCEA Data Bank Information:

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

**FAMILY BACKGROUND**

	<u>Mother</u>	<u>Father</u>	<u>Guardian (if applicable)</u>
Full Name:	_____	_____	_____
Maiden Name:	_____		
Country of Birth:	_____	_____	_____
Home Address:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Email:	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____
Religion:	_____	_____	_____

Registered Parish: \_\_\_\_\_

Parish in which you reside: \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_

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.

Student lives with:       Both Parents       Mother       Father       Guardian

**Person responsible for tuition/fees payment:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ADDITIONAL INFORMATION: MUST BE COMPLETED**

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

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; as such, if you answered “yes” to the question above, please provide on a separate sheet of paper:

- The description of 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
- The dates of IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial, if applicable
- A request of any adjustment or accommodation to allow participation to any program. Please provide sufficient evidence to allow us assess your situation. We may request additional information from you and from an appropriate health professional.

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

Current School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To be considered for admission, the following documents, including a non-refundable application fee (\$150), must accompany this application:**

1. Scholastic Information Form (to be mailed to St. Veronica Catholic School by child's current school).
2. Current report card, including comments, and the two previous academic years' report cards.
3. Current standardized test scores plus the two previous years, if available.
4. **Original** birth certificate must be presented to school personnel for verification.
5. Copy of Baptismal Certificate (Catholics only), Reconciliation, and Eucharist Certificates (if applicable)
6. Immunization record.
7. Commonwealth of Virginia School Entrance Health Form (must be submitted by August 1st).
8. Copy of Custody decree (if applicable).

I verify that the information provided within this application is correct.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**St. Veronica Catholic School**  
**3460-B Centreville Road**  
**Chantilly, VA 20151**  
**Phone: 703-773-2020**  
**Fax: 703-991-9103**