

St. Veronica Catholic School
Full Day Pre-Kindergarten 4 Year Old Application
School Year 2020-2021

Application Date: _____

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:

Date

Church

City and State

Baptism: _____

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

Mother

Father

Guardian (if applicable)

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 , must accompany this application:

1. **Original** birth certificate must be presented to school personnel for verification.
2. Copy of Baptismal Certificate (Catholics only)
3. Immunization record.
4. Commonwealth of Virginia School Entrance Health Form, with the most current to be submitted no later than August 1.
5. Scholastic Information Form, to be mailed to St. Veronica Catholic School by child's current school. (if applicable.)
6. Current report card, including comments (if applicable)
7. 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**

