



ASCENSION SCHOOL

APPLICATION FOR ADMISSION



PLEASE SUBMIT THE COMPLETED APPLICATION FOR ADMISSION ALONG WITH:

A copy of each child's birth certificate & Baptismal certificate (when applicable)

Most recent report card (grades 1-8 only)

Non-refundable application fee of \$300 per family

FAMILY INFORMATION

Parent/Guardian

Relationship to student(s):

Last Name:

First Name:

Occupation:

Employer:

Address:

City/State/Zip

Home Phone:

Email:

Mobile Phone:

Student(s) reside(s) with (Y/N):

Co-Parent/Guardian

Relationship to student(s):

Last Name:

First Name:

Occupation:

Employer:

Address:

City/State/Zip

Home Phone:

Email:

Mobile Phone:

Student(s) reside(s) with (Y/N):

Parishioner Status

Ascension Parishioner?

Yes

No

Envelope Number:

Do you worship elsewhere?

If so, where?

ASCENSION SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, OR NATIONAL ORIGIN IN THE ADMINISTRATION FOR ADMISSIONS AND EDUCATIONAL POLICIES, FINANCIAL AID, OR OTHER SCHOOL-RELATED ACTIVITIES. DEMOGRAPHIC INFORMATION (E.G. RACE) IS REQUESTED FOR ARCHDIOCESAN REPORTING PURPOSES. IT IS NOT USED IN THE ADMISSION DECISION.

NEW APPLICANT INFORMATION (PLEASE COMPLETE FOR EACH STUDENT)

Student

Applying for Grade: _____ Academic Year: _____ Date of Birth (MM/DD/YY): _____

Student's Name (First, Middle, Last) _____

Nickname: _____ Gender: Male Female

Religion: _____ Baptismal Date/Church: _____

Hispanic/Latino? Yes No Last School Attended (Name/City/State): _____

Race (circle): American Indian Black/African American White/Caucasian
Asian Native Hawaiian/Pacific Islander Two or More Races

Language(s) spoken at home: _____

Medical conditions: _____ Learning needs: _____

_____ Birth Certificate _____ Baptismal Certificate _____ Most recent report card (grades 1-8)

Student

Applying for Grade: _____ Academic Year: _____ Date of Birth (MM/DD/YY): _____

Student's Name (First, Middle, Last) _____

Nickname: _____ Gender: Male Female

Religion: _____ Baptismal Date/Church: _____

Hispanic/Latino? Yes No Last School Attended (Name/City/State): _____

Race (circle): American Indian Black/African American White/Caucasian
Asian Native Hawaiian/Pacific Islander Two or More Races

Language(s) spoken at home: _____

Medical conditions: _____ Learning needs: _____

_____ Birth Certificate _____ Baptismal Certificate _____ Most recent report card (grades 1-8)



NEW APPLICANT INFORMATION (CONTINUED)

Student

Applying for Grade:	Academic Year:	Date of Birth (MM/DD/YY):
Student's Name (First, Middle, Last)		
Nickname:	Gender:	Male Female
Religion:	Baptismal Date/Church:	
Hispanic/Latino? Yes No	Last School Attended (Name/City/State):	
Race (circle): American Indian	Black/African American	White/Caucasian
Asian	Native Hawaiian/Pacific Islander	Two or More Races
Language(s) spoken at home:		
Medical conditions:	Learning needs:	
_____ Birth Certificate	_____ Baptismal Certificate	_____ Most recent report card (grades 1-8)

Student

Applying for Grade:	Academic Year:	Date of Birth (MM/DD/YY):
Student's Name (First, Middle, Last)		
Nickname:	Gender:	Male Female
Religion:	Baptismal Date/Church:	
Hispanic/Latino? Yes No	Last School Attended (Name/City/State):	
Race (circle): American Indian	Black/African American	White/Caucasian
Asian	Native Hawaiian/Pacific Islander	Two or More Races
Language(s) spoken at home:		
Medical conditions:	Learning needs:	
_____ Birth Certificate	_____ Baptismal Certificate	_____ Most recent report card (grades 1-8)

FOR OFFICE USE ONLY

_____ NON-REFUNDABLE \$300 APPLICATION FEE

DATE RECEIVED _____

CHECK# _____

CHECK AMOUNT \$ _____

PRESCHOOL PROGRAM SELECTION

Please indicate your first and second preference in classes by marking a '1' or '2' next to your choice. We make every effort to provide families with their first choice, but it cannot be guaranteed.

3 YEAR OLD PROGRAM

Student must be 3 years old by September 1 for the year he/she seeks admission.

Student's Name:

Date of Birth (MM/DD/YY):

_____ Monday/Wednesday/Friday Morning Program (8:10-11:00 am)

_____ Monday/Wednesday/Friday Afternoon Program (12:00-2:50 pm)

_____ Tuesday/Thursday Morning Program (8:10-11:00 am)

_____ Tuesday/Thursday Afternoon Program (12:00-2:50 pm)

_____ Monday - Friday Full Day Program (8:10 am - 2:50 pm)

4 YEAR OLD PROGRAM

Student must be 4 years old by September 1 for the year he/she seeks admission.

Student's Name:

Date of Birth (MM/DD/YY):

_____ Monday - Friday Morning Program (8:10 - 11:00 am)

_____ Monday - Friday Afternoon Program (12:00 - 2:50 pm)

_____ Monday - Friday Full Day Program (8:10 am - 2:50 pm)

EXTENDED DAY PROGRAM

Will your student(s) need before/after school care? Circle all that apply.

Before school (7:00-8:00 am)

After school (3:00-6:00 pm)

HOW DID YOU HEAR ABOUT ASCENSION?

Website

Newspaper

Church Bulletin

Friend

Other





ASCENSION
CATHOLIC SCHOOL

ASCENSION SCHOOL ADMISSIONS POLICY

STUDENTS ARE GIVEN ADMISSION PRIORITY ACCORDING TO THE FOLLOWING:

Returning student, sibling of current student, parishioner of Ascension Church,
parishioner of other Catholic parish, non-parishioner

