



## Application for Admission

Date of application: \_\_\_\_\_ Grade entering: \_\_\_\_\_

### Section I

#### Student Information

Student's name: \_\_\_\_\_ Sex: M F (Please circle)  
Last First Middle

Name by which student is commonly known: \_\_\_\_\_  
Nickname

Home address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Preferred phone number: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Town & State

Ethnicity: (please circle) Asian, Black, Caucasian, Hispanic, Native American/Alaskan Native, Other, Pacific Islander

- Please complete only if your child is registering for our Early Childhood Development Program at Rev. George A. Brown Memorial School:

Student schedule (circle one option): 5 full days 5 half days 3 full days 3 half days

Student sacraments received:

Baptism: Church \_\_\_\_\_ Date \_\_\_\_\_

Penance: Church \_\_\_\_\_ Date \_\_\_\_\_

Communion: Church \_\_\_\_\_ Date \_\_\_\_\_

If your child is a non-Catholic, please state the child's religion \_\_\_\_\_

Place of worship \_\_\_\_\_

Last school attended \_\_\_\_\_ Phone: \_\_\_\_\_

Address of School: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason for transfer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a Child Study Team Evaluation been recommended for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a current Service Plan/IEP in place? Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, a copy of the service plan, educational, psychological evaluation, and social history must be submitted with your application for review.)*

*If there are special conditions which should be considered in reviewing the student's application, parents are encouraged to make those considerations known to us either in writing or through an interview. Failure to make known conditions that could affect the student's full participation in the total education program of the school will be grounds for the school to withdraw any offer of admission.*

Does your child have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Other children in household (under 18 years of age)

Name	Date of birth	Grade	School	M/F
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**Section II**

**Parent Information**

**Father's name:** \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First Middle

Father's address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip code

Father's day phone: \_\_\_\_\_ Father's occupation: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Father's email address: \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First Middle

Mother's address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip code

Mother's day phone: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Marital Status: Married Separated Divorced Widow/Widower Single

Custodial parent: \_\_\_\_\_

Mailing address: (if different than above): \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Duplicate mailings will be sent to two households at your request. Are duplicate mailings required?

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

If yes, please provide name and address: \_\_\_\_\_

\_\_\_\_\_

Please complete the following:

In what parish are you a registered member? \_\_\_\_\_

In what town are you a resident? \_\_\_\_\_

In what public school district are you located? (the public school your child would attend if not registered in an Academy school) \_\_\_\_\_

Do you live a distance of over two miles from The Catholic Academy of Sussex County? \_\_\_\_\_

### Section III

#### **Consent to photograph, film, or videotape a student for non-profit use.**

The world of media, particularly social media, changes constantly. To positively promote The Catholic Academy of Sussex County and your child's personal success stories, we are once again seeking permission to publish your child's photo/image, name, grade, and hometown in the newspaper, on the schools' websites, and via social media.

Kindly indicate your preference below. *Please note that this form will be kept on file for reference during your child's entire enrollment at The Catholic Academy of Sussex County.*

\_\_\_\_\_ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes and identifiers (name, class year) of the below-named student, and grant to the Diocese of Paterson, Catholic Academy of Sussex County the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Diocese of Paterson, Catholic Academy of Sussex County and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

\_\_\_\_\_ I do not grant permission for my child (below-named) to participate in any of the above.

\_\_\_\_\_ Class of \_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Name of Parent (please print)

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

Relation to student: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about the school you are applying to? \_\_\_\_\_

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**This section for Office Use only:**

- \_\_\_\_\_ Original birth certificate
- \_\_\_\_\_ Original baptismal certificate
- \_\_\_\_\_ Transportation application
- \_\_\_\_\_ Family information form
- \_\_\_\_\_ Release of Records / IEP individual education plan or service plan
- \_\_\_\_\_ \$350.00 registration fee per student (non-refundable)
- \_\_\_\_\_ Inoculation records
- \_\_\_\_\_ Private physical exam
- \_\_\_\_\_ Tuition form
- \_\_\_\_\_ Transfer card (K-7)

Admissions testing for grades K-7 will be scheduled by phone when the application is returned.

*Updated 4-10-19*