

Assumption Catholic School - SCHOOL YEAR - 2019-2020

605 Stratfield Road, Fairfield, CT 06825 PH: 203-334-6271



Applying to grade: _____ For PreK 3 ONLY indicate: _____ 5 Days _____ 3 Days (Mon-Wed) _____ 3 Days (Wed-Fri)

NAME OF APPLICANT: _____
(Last) (First) (Middle) (Date of Birth) (Sex) (City, State, Country of Birth)

ADDRESS: _____ Home Phone: _____
(Street) (City) (State) (Zip)

Mother's E-Mail Address: _____ Father's E-Mail Address: _____

Parish you are currently registered in and supporting: _____ City: _____ State: _____

Church of Marriage: _____ City: _____ State: _____

Applicant's:

Baptismal Date: _____ Church: _____ City: _____ State: _____

First Communion Date: _____ Church: _____ City: _____ State: _____

Confirmation Date: _____ Church: _____ City: _____ State: _____

Father's Name: _____ Address: _____ Cell Phone: _____ Religion: _____

Place of Employment: _____ Position: _____ Work Phone: _____

Mother's Name: _____ Address: _____ Cell Phone: _____ Religion: _____

Place of Employment: _____ Position: _____ Work Phone: _____

Who should receive all school correspondence (circle one): Mother Father Both Other: _____

Siblings (in order of Age): _____ APPLICANT'S RACE: _____ APPLICANT'S RELIGION

Name Date of Birth _____ White _____ Black _____ Catholic _____ Non-Catholic

_____ Multiracial _____ Asian

_____ Amer. Indian/Native Alaskan APPLICANT'S ETHNICITY

_____ Native Hawaiian/Pacific Islander _____ Non-Hispanic _____ Hispanic

APPLICANT'S CURRENT SCHOOL: _____ City: _____ Current Grade _____

Reason for leaving current school to attend Assumption Catholic School: _____

The following information is necessary for teachers to plan your child's success. Failure to disclose this information may halt an application and/or result in children being asked to transfer to receive services necessary for them to succeed.

Have you ever been invited to a Planned Placement Team (PPT) meeting for your child? _____ Yes _____ No
Does your child have an Individual Education Plan (IEP)? _____ Yes _____ No
Does your child have a 504 Plan? _____ Yes _____ No
For students entering Pre-K, has your child received services through Birth to 3? _____ Yes _____ No

PLEASE INCLUDE THE FOLLOWING TO COMPLETE THE APPLICATION:

____ \$200 Registration Fee# ____ Copy of Birth Certificate ____ Copy of Baptismal Certificate ____ Copies of School Records ____ Record Release Form

**Kindergarten screening is mandatory. *Entrance testing administered by Assumption Catholic School may be required.*

Current health records and cumulative educational records including all special education material and teacher evaluations must be forwarded to the school office as soon as possible.

Application is not complete until all required information is submitted to the school.

#The Registration fee is refundable and not applied to tuition.

Media Release:

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website. ____ Yes ____ No

AS PARENT/GUARDIAN, I AGREE TO SUPPORT THE SCHOOL'S POLICIES, RULES, AND STANDARDS IN THE PARENT/STUDENT HANDBOOK.

Signature: _____

Date: _____

Office Use Only

Received _____

Fee Paid _____

Accepted _____

Letter Sent _____

Denied _____

Letter Sent _____