



St. Therese Catholic School

1200 Kenton Street, Aurora, CO 80010
303-364-7494

**ADMISSION APPLICATION FOR
NEW STUDENTS – PRE-K TO 8TH GRADE**

PLEASE PRINT ALL INFORMATION

Child must be 4 years old by 10/1 to enter Pre-K and 5 years old by 10/1 to enter Kindergarten. Copies of birth certificates and immunization records for all new students applying for enrollment must accompany this application. In addition, all students applying for grades 1st to 8th need to provide copies of their child's current and previous years' report cards and any achievement test scores.

Principal's Acceptance (Signature)

Grade Level: _____

Date: _____

School Year:

Grade:

STUDENT'S FULL NAME _____
Last First Middle

Address (street/city/zip) _____
_____ Home Phone # _____

Date of Birth _____ Birth Place _____ Male _____ Female _____

Father's Name _____ Occupation _____

Father's e-mail address _____ Work Phone # _____

Cell Phone # _____ Catholic _____ Non-Catholic _____

Mother's Name _____ Occupation _____

Mother's e-mail address _____ Work Phone # _____

Cell Phone # _____ Catholic _____ Non-Catholic _____

Student lives with: ___Both Parents ___Father ___Mother

Parents: Married _____ Separated _____ Divorced _____

Deceased: Mother _____ Father _____

Remarried: Mother _____ Father _____

With whom does child live with if not parents?

Guardian's Name _____ Relationship _____

Address (street/city/zip) _____

Home Phone # _____ Occupation _____

Work Phone # _____ Cell Phone # _____

Non-Resident Father _____ Non-Resident Mother _____
(Name) (Name)

Custodial Information: I understand that it is my responsibility to provide St. Therese Catholic School copies of any legal custody issues we need to be aware of.

Public School District _____ Name of Neighborhood School _____

Name of School Transferred From _____

Address (street/city/zip) _____

Phone # _____

How did you find out about our school? Parish _____ Brochure _____ Other _____
Friend (name) _____

PLEASE LIST OTHER CHILDREN IN THE FAMILY:

Child's Full Name	Date of Birth	Grade	School Attending

STUDENT INFORMATION

Religion: _____ Catholic _____ Non-Catholic (please list denomination) _____

Baptized: _____ Yes _____ No If yes, Date _____ Church _____
City/State _____

Reconciliation: _____ Yes _____ No If yes, Date _____ Church _____
City/State _____

First Communion: _____ Yes _____ No If yes, Date _____ Church _____
City/State _____

Confirmation: _____ Yes _____ No If yes, Date _____ Church _____
City/State _____

PLEASE PROVIDE A COPY OF ABOVE CERTIFICATES

Please list all schools this child has attended, beginning with current school

Name of School	Address/City/State/Zip	Grades Attended	Reason for Leaving

- Has your child ever attended a Catholic School? ____Yes ____No
If yes, where _____ and when _____.

- Has your child ever been recommended for further evaluation: i.e. academic, learning, behavioral or attention problems? ____Yes ____No
If yes, does he/she have an IEP or a 504? ____Yes ____No If yes, it must be submitted with this application.

- Has your child had any private testing or evaluation? ____Yes ____No
If yes, attach any results and briefly describe the reasons for the evaluation:

- Describe your child’s strongest scholastic qualities: _____

- Do you have any concerns about your child’s academic progress? _____

- Has your child experienced any disciplinary problems? _____

- Does your child have any special health problem or need? _____

- Why is a Catholic school education important to your family? _____

Signature of Parent/Guardian _____
Date