

NEW STUDENT APPLICATION FOR ADMISSION K-8



SAINT AMBROSE CATHOLIC SCHOOL

Everything.

Please complete requested information on both the front and back of all forms.

Child's Full Name: _____
LAST FIRST MIDDLE

Child's Nickname: _____

Date of Birth: ____ / ____ / ____ *A copy of the child's birth certificate is required for enrollment*

Mailing Address: _____

Home Phone No: (____) _____

E-mail Address: _____

FAMILY INFORMATION

Name of Parents/Guardians: _____

Current Parish: _____ If St. Ambrose, Parish Envelope Number: _____

Are you or a family member a graduate of St. Ambrose? ____ No ____ Yes ____ Year

Name (maiden name if applies) _____

FATHER

MOTHER

Full Name: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Ministry Involvement: _____

(ie. Lector, Eucharistic Minister, Knights of Columbus, etc.)

NAME OF PERSON(S) RESPONSIBLE FOR TUITION & FEES:

Please list below the names, ages, and if they attend school, along with the current grade level and school of all other children in the family.

SIBLINGS' FULL NAME

AGE

SCHOOL ATTENDING

CHILD'S FAITH FORMATION HISTORY

Please complete the following on your child's reception of the sacraments.

	BAPTISM	RECONCILIATION	EUCCHARIST	CONFIRMATION
Date Received				
Church				
Rite <i>(ie Roman Catholic)</i>				
City, State				

*A copy of each sacrament certificate is required for enrollment.

Please complete the following for all the faith formation experiences for your child.

	EARLY CHILDHOOD PSR	ELEMENTARY PSR OR DAY SCHOOL
Check all the years attended:	<input type="checkbox"/> Age 3 PSR	<input type="checkbox"/> Kindergarten
	<input type="checkbox"/> Age 4 PSR	<input type="checkbox"/> Grade 1
	<input type="checkbox"/> Age 5 PSR	<input type="checkbox"/> Grade 2
		<input type="checkbox"/> Grade 3
		<input type="checkbox"/> Grade 4
		<input type="checkbox"/> Grade 5
		<input type="checkbox"/> Grade 6
		<input type="checkbox"/> Grade 7
		<input type="checkbox"/> Grade 8

Name and address of Parish: _____

YOUR THOUGHTS

Why do you believe a Catholic education is important for your child? How can St. Ambrose School assist you, as parents, in your role as the primary faith educator of your child?

CHILD'S ACADEMIC HISTORY

Please complete the following for each elementary school (K-8) that your child has attended. Attach additional sheets if needed.

NAME & ADDRESSES OF SCHOOL	YEARS OF ATTENDANCE	GRADES ATTENDED	ACADEMIC ACHIEVEMENT	BEHAVIOR
			<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Outstanding (o) <input type="checkbox"/> Satisfactory (s) <input type="checkbox"/> Needs Improvement (N or U)
			<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Outstanding (o) <input type="checkbox"/> Satisfactory (s) <input type="checkbox"/> Needs Improvement (N or U)
			<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Outstanding (o) <input type="checkbox"/> Satisfactory (s) <input type="checkbox"/> Needs Improvement (N or U)

****Please include a Consent to Release Records for each K-8 school attended.**

Please list any other information regarding your child that can assist St. Ambrose faculty and staff in meeting the educational needs of your child. (ie., special services needed, medical information, allergies, medication taken, etc.)

What are your expectations of St. Ambrose School in meeting the needs of your child spiritually, emotionally, academically, and physically?

We(I) attest that all information provided in this application is correct. We (I) understand it is the responsibility of each student, as well as we (I) as the child's parents, to cooperate to the spirit and the letter of the Student-Parent Handbook, Code of Conduct, Dress Code, and all school policies, procedures and rules, which are not all inclusive and are subject to change by St. Ambrose School.

PARENT'S SIGNATURE	DATE
PARENT'S SIGNATURE	DATE

OFFICE OF CATHOLIC EDUCATION - DIOCESE OF CLEVELAND - PERMANENT RECORD CARD
Saint Ambrose School
Brunswick, OH 44212



STUDENT #	CLASS OF: (Year)					
STUDENT INFORMATION						
Last Name	First Name	Middle Name	Sex	Birthdate	Birthplace (City, St, Country)	Date Entered

Click the box to the left of the current residence.

mm/dd/yyyy

Date student entered school.

<input type="checkbox"/>	Residence Address	City	County	Zip	Home Phone	Student Parish / City
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
Ethnicity (Optional)		<input type="radio"/> Amer Indian/Alaskan Native <input type="radio"/> Black/African Amer <input type="radio"/> Native Hawaiian/Other Pacific Islands <input type="radio"/> Multiracial <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> White				

SACRAMENTS		BAPTISM CERTIFICATE		STUDENT ENTERED FROM		<input checked="" type="radio"/> Parochial <input type="radio"/> Other
Baptism Date		Verified by		School from		
Reconciliation Date		Church		School from City		
Communion Date		Rite		School from State		
Confirmation Date		City, St, Zip		Grade Entering		
<i>Check the box(es) to the left of who student resides with.</i> STUDENT LIVES WITH <input type="radio"/> PK <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8						

<input type="checkbox"/>	Natural Mother (NM)	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer	Work Phone
<input type="checkbox"/>	Natural Father (NF)							
<input type="checkbox"/>	Custodial M (CM)							
<input type="checkbox"/>	Custodial F (CF)							
<input type="checkbox"/>	Other							

PARENTS/CUSTODIAL PARENTS	Catholic, Protestant, Jewish, Other		Married / Separated / Divorced / Remarried / Widowed / Single / Deceased		Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College	
	Religion		Parent Status		Education	
	Natural Mother (NM)					
	Natural Father (NF)					
	Custodial M (CM)					
Custodial F (CF)						
Other						

LEGAL GUARDIAN		OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES			
Name		1.		4.	
Address		2.		5.	
City, St, Zip		3.		6.	

LANGUAGE SPOKEN AT HOME English Other (list) _____