



# St. Teresa's Catholic School

## STUDENT APPLICATION

**The community of St. Teresa's School, in our Lord Jesus Christ, is dedicated to academic excellence within the Catholic Tradition.**

## Student Information

Last Name <i>(please print in ink)</i>		First Name	Middle Name
Street Address	City	State	ZIP Code
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone Number	Date of Birth <i>(mm/dd/yr)</i>	Student's Social Security No	
Primary Email Address	Race	Allergies/Special food requirements	
Grade Applying for: <input type="checkbox"/> PK3 <input type="checkbox"/> PK4 <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
		<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	
Name of Parish/Church			
Student lives with: <input type="checkbox"/> mother and father <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other _____			

## Family Information

Name of parent/guardian	Relationship	Cell Number
Address (if different from student)		
Employer	Title/Rank	Work Phone
Primary Email	Religion	Parish/Church
Name of parent/guardian	Relationship	Cell Number
Address (if different from student)		
Employer	Title/Rank	Work Phone
Primary Email	Religion	Parish/Church
Siblings of the applicant who are currently enrolled at St. Teresa's Catholic School: _____		

*\*Federal law guarantees the right of non-custodial parents to receive information about student's grades, progress and activities unless a court order prohibiting such transmission is in effect. It is the responsibility of the custodial parent to provide St. Teresa's Catholic School with a copy of such documentation if it is in existence.*

## Confidential Education Information

\_\_\_\_\_  
Name of School Currently Attending

\_\_\_\_\_  
Current Grade \_\_\_\_\_ Years Enrolled in Above School \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_  
School Phone Number \_\_\_\_\_ School Fax Number \_\_\_\_\_

Has the student ever been retained a year? Yes \_\_\_ No \_\_\_ If yes, which grade(s): \_\_\_\_\_

Has the student ever been suspended or expelled from school? Yes \_\_\_ No \_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been recommended for SST or RTI? Yes \_\_\_ No \_\_\_ If yes, which grade(s): \_\_\_\_\_

Has the student ever been enrolled or recommended for placement in any special education classes? Yes \_\_\_ No \_\_\_

Does the student have a current Individualized Education Plan (IEP) or 504 Plan? Yes \_\_\_ No \_\_\_  
*(If your student currently receives educational support (e.g., IEP, 504, academic accommodations, testing accommodations) please submit most recent educational testing and all documentation with this application.)*

Has the student ever been recommended for a gifted program? Yes \_\_\_ No \_\_\_

## Medical Information

Is the student presently seeing a medical professional on a regular basis for a diagnosed condition? Yes \_\_\_ No \_\_\_

Medication prescribed \_\_\_\_\_  Taken at home  Taken at school

\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Grant to Consent:

I hereby give consent for the following medical providers and local hospital to be called:

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration to pursue any treatment deemed necessary by above-named doctors; or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital within reasonable access.

**Refusal to Consent:**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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St. Teresa’s Catholic School admits qualified students of any race, color, sex, religion, or national/ethnic origin to all privileges, programs, and other activities made available to the students at the school. The admissions process is used to determine a match between the student’s needs and the resources St. Teresa’s School offers. Admission to St. Teresa’s School will be considered upon receipt of the following:

**From incoming PK3 – Kindergarten students**

- Completed student application
- Birth Certificate
- Copy of Social Security Card
- Immunization records
- Eye, Ear and Dental form #3300

**From transfer students grades 1 - 8**

- Completed student application
- One copy of the most current report card
- Most recent standardized test scores
- Birth Certificate
- Copy of Social Security Card
- Immunization records
- Eye, Ear and Dental form #3300

**From incoming 9<sup>th</sup> graders**

- Completed student application
- One copy of the most current report card
- St. Teresa’s High School Placement Test scores with Application Essay
- Most recent standardized test scores
- Birth Certificate
- Copy of Social Security Card
- Immunization records

**From transfer students grades 10 - 12**

- Completed student application with Application Essay
- Current high school records to include transcript, attendance and discipline
- Standardized test scores
- Scheduled interview with administration
- Birth Certificate
- Copy of Social Security Card
- Immunization records

**Parent Statement of Application**

I wish to make application for admission of my student to St. Teresa’s Catholic School.

I expect my student to comply with the disciplinary rules of the school, and recognize the right of the school to enforce such rules.

Upon registration, I guarantee to St. Teresa’s Catholic School the payment of tuition and school fees and such other expenses that may incur.

I swear that all information contained here is accurate, true and complete. I understand that St. Teresa’s Catholic School cannot be held responsible in the event that my child’s needs have been misrepresented in any way as a result of this application.

I authorize St. Teresa’s Catholic School or its representatives to take and use photographs of my student for any lawful purpose, including purposes such as publicity, illustration, advertising, and web content in connection with school programs, projects or events.

*\*Consent is not necessary for admissions. Please initial here if you do not consent. \_\_\_\_\_*

I grant permission for my son or daughter to access the St. Teresa’s Catholic School computer network, computers, and Internet. I accept responsibility for setting and conveying standards for my son or daughter to follow when selecting, sharing, or exploring media and information resources.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent and student contact information including name, address, phone number and email is published in a Student Directory that is made available at the beginning of each school year to current students, current parents, and school staff. If you would like to have your information withheld from the directory, please contact the school at 229-436-0134 by August 31, 2017.