



APPLICATION FOR ADMISSION

(PLEASE PRINT OR TYPE YOUR RESPONSES)

Needed to start the application process:

- This application...completely filled out and returned to the address above with the following items
- Copy of recent report card and other unofficial records from the present school
- Federal Income Tax return for this past year (Form 1040 or equivalent)
- Signed authorization for current school to send grades and other records (the accompanying blue paper)
- \$10 non-refundable application fee (check or money order payable to The De La Salle School)
- One of the two recommendation forms (the accompanying yellow papers) goes to the Principal of the applicant's current school and the other goes to his current teacher). These individuals are to mail the completed forms to the address above.

Following the receipt of all of the above an applicant's candidacy will be assessed. If that information indicates he meets the criteria for admission the following will occur:

- Meeting of parent or guardian with an administrator of The De La Salle School
- School visit by the student and a brief test evaluating proficiency with basic skills
- Evidence of a physical examination by the student's physician

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Date of Birth (Month/Day/Year): _____

School Presently Attending: _____ Circle Present Grade: 4 - 5 - 6

School's Street Address: _____

School's City: _____ State: _____ ZIP Code: _____

School's Phone Number: _____

Name of Previous School (if applicable): _____ Year(s) Attended: _____

Previous School's Street Address: _____

Previous School's City: _____ State: _____ ZIP Code: _____

FAMILY INFORMATION:

MOTHER (OR GUARDIAN)

FATHER (OR GUARDIAN)

Full Name: _____

E-mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Home Address (if different than student's): _____

Home Phone (if different than student's): _____

CHECK (IF APPLICABLE):

___ Parents Together ___ Mother Deceased (Year: ___) ___ Father Deceased (Year: ___)

___ Mother Remarried ___ Father Remarried

___ Parents Separated or Divorced (If yes, name the custodial parent: _____)

NOTE: IN THE ABSENCE OF A COURT ORDER TO THE CONTRARY A PARENTAL REQUEST TO RECEIVE INFORMATION ABOUT A STUDENT'S STATUS IN SCHOOL WILL BE HONORED.

ADULT OR ADULTS WITH WHOM STUDENT LIVES:

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____

BROTHERS AND SISTERS:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

LANGUAGE(S) SPOKEN AT HOME: _____

STUDENT'S ETHNIC BACKGROUND (INDICATING THIS IS OPTIONAL):

___ African ___ Asian ___ Caucasian ___ Hispanic ___ Other: _____

STUDENT'S RELIGIOUS BACKGROUND (INDICATING THIS IS OPTIONAL):

NOTE: THE DE LA SALLE SCHOOL IS A CATHOLIC SCHOOL. ALL STUDENTS WILL BE ENROLLED IN RELIGION CLASSES AND ATTEND CHURCH SERVICES.

___ Roman Catholic (If yes, please name parish: _____)

Date of Baptism: _____ Date of First Communion: _____

___ Non-Catholic Christian ___ Muslim ___ Jewish ___ Other: _____

STUDENT'S STATEMENT OF INTENT:

In the space below the student is to respond to the question given. The answer must be in English and in the student's handwriting.

Why do you wish to attend The De La Salle School?

Student Signature: _____ Date: _____

SCHOOL INFORMATION:

Is there any illness or disability that may interfere with the student's studies or participation in school activities such as Physical Education?

____ YES ____ NO If YES, please indicate what they are (asthma, dyslexia, etc.) and explain.

Is the student presently enrolled in any type of special education program and/or does he have an IEP?

____ YES ____ NO If YES, please explain.

PARENT'S OR GUARDIAN'S STATEMENT OF INTENT:

State in a couple of sentences why you want your son to attend The De La Salle School. Your response may be written in your native language.

It is my wish to cooperate fully with the rules and policies of The De La Salle School.

Parent (or Guardian) Signature: _____ Date: _____

Parent (or Guardian) Signature: _____ Date: _____

The De La Salle School admits students of any race, color, nationality, or religion to all rights, privileges, programs, and activities generally accorded or made available at school. The De La Salle School does not discriminate on the

base of race, color, nationality, or religion in the administration of its educational policies and school-administered programs.