



# APPLICATION *for* ADMISSION

\$225 per child non-refundable application fee must be included with this application. Upon screening of your child and acceptance to The Madeleine School, a \$250 non-refundable book and materials fee must be submitted in order to secure enrollment for the coming school year. Upon admittance, you will then have 30 days to submit first month's non-refundable tuition.

## Student Information

Name \_\_\_\_\_ Year of entrance \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female Birth Date \_\_\_\_\_ Grade upon entrance \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Is the child baptized?  Yes  No

## Family Information

**Student lives with:**  Both Parents  One Parent  
 Guardian  Other: \_\_\_\_\_

**Parent**  **Stepparent**  **Guardian** (relationship) \_\_\_\_\_

Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**Parent**  **Stepparent**  **Guardian** (relationship) \_\_\_\_\_

Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**Previous School**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Please tell us about your child. Include any information on learning needs or health-related issues.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sacraments:** Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

Eucharist: Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

Reconciliation?  Yes  No

What is your child's first language? \_\_\_\_\_

What language does the student speak mostly at home? \_\_\_\_\_

Has the student been in an English as a Second Language Program?  Yes  No

**For Office Use Only:**

Date application received: \_\_\_\_\_ Time application received \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check # /Cash: \_\_\_\_\_ Wait-listed date: \_\_\_\_\_

Date registration fee received: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_

Seat offered:  Yes  No Date: \_\_\_\_\_  Letter  Verbal  Email

**Family Action:** Date seat accepted: \_\_\_\_\_ Date seat declined: \_\_\_\_\_ by: \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_