



Office Use Only:	
Application Fee Paid: _____	Registration Fee Paid: _____
Date _____	Date _____
Check # _____	Check # _____
A/W _____	

***Include copies of report cards and standardized testing when submitting student application.**

APPLICATION FOR ADMISSION

Child's Full Name _____ Male ___ Female
 Last First Middle Goes By

Date of Birth ____/____/____ Age as of Sept. 1 ____ Grade for which you are applying ____ Year ____

Address _____
 Street City State Zip

Place of Birth (City/State) _____ U.S. Citizen ____ Other _____

Parent Name and Contact Number _____

Ethnic Origin: Caucasian ____ African-American ____ Asian ____ Amer. Indian ____ Hispanic ____ Other _____

Is English the primary language spoken in your home? ____ If no, then what language is spoken? _____

What is your child's primary language? _____

Religion _____ Parish _____

Public School for which your child is zoned _____

Number of Siblings: Brothers _____ Sisters _____
 Younger Older Younger Older

What school(s) do siblings attend? (Please include grade levels)

Sacramental Information – For Catholic Applicants

	Date	Name of Church	City/State
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Communion:	_____	_____	_____
Confirmation:	_____	_____	_____

School History

Please list school(s) that the student has previously attended:

Name of school: _____ Dates Attended: _____ Grade Levels: _____
 Name of school: _____ Dates Attended: _____ Grade Levels: _____
 Name of school: _____ Dates Attended: _____ Grade Levels: _____

Has the student ever repeated a grade? ____ If so, what grade and why? _____

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Medical Information

Family Physician/Pediatrician: Telephone
Any Health or Physical Limitations (include allergies)
List of medications taken routinely and their purpose
Family Dentist: Telephone

Parent/Guardian Information

Father:
Address (if different from student)
Home Phone
Cell Phone
Email Address
Employer
Occupation
Work Phone
Marital Status

Mother:
Address (if different from student)
Home Phone
Cell Phone
Email Address
Employer
Occupation
Work Phone
Marital Status

Married Separated Divorced
Remarried Single
Religion
Practicing Non-Practicing
Candidate Catechumen

Married Separated Divorced
Remarried Single
Religion
Practicing Non-Practicing
Candidate Catechumen

IN THE CASE OF DIVORCE OR SEPARATION:

What is the legal custody arrangement for this student?
What is the primary residence of this student?
School correspondence should be mailed to:
Financial responsibility will be assumed by:

**A copy of the custody decree must be on file in the school's main office to be able to adhere to specific arrangements regarding correspondence, visitation and carpool. **

I understand that completion of this application and remittance of the application fee does not guarantee my child's admission into Prince of Peace Catholic School. Notification of acceptance will be sent to me following receipt and review of all required paperwork and fees.

Parent Signature/Date

Parent Signature/Date





PARENT OBSERVATION (GRADES K-8)

1. What do you see as your child's strengths (physical, social, emotional, academic)? How are these strengths fostered and developed (enrichment activities, tutoring, athletics, etc.)?
2. What do you see as your child's challenges (physical, social, emotional, academic)? What has been effective in addressing these challenges?
3. What are your child's special interests, hobbies, abilities, etc?
4. Historically, does your child tend to interact with one friend, a small circle of friends, or a large circle of friends?
5. Has your child ever been suspended or expelled from school? If so, for what reason(s)?

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6. Has your child been tested for ADD/ADHD? If yes, when? _____. Has your child been tested for any kind of learning difficulties? If yes, when _____? Please note the outcome.

7. Reflecting on a favorite coach or teacher, what qualities in that adult brought out the best in your child?

8. Reflecting on a time when learning a skill or concept proved challenging for your child, what techniques/actions proved to be effective? What techniques/actions were not effective?

9. What factors contributed to your decision to apply to Prince of Peace Catholic School

10. What is one thing you see at home in your child that you hope POP can assist your child with?

11. Please note anything you would like us to know about your child that we have not asked. Thank you for taking the time to help us get to know your child!

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Confidential Student Evaluation Form

Child's name _____ Date of birth _____ Applying to grade _____
Last First Middle mm/dd/year

To the parent/guardian: Print the above information and sign the statement below. Give this form to your child's current or most recent teacher(s) with a stamped envelope addressed to Prince of Peace Catholic School.

For the child named above, I give permission for you to release the information on this form to Prince of Peace and understand that I will not have access to this confidential information. I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation. I further agree to hold the school, administrator(s) and faculty named below harmless for information provided in this questionnaire.

Name of parent/guardian (please print) _____ Date _____

Signature of parent/guardian _____

To the teacher: Please use your professional judgment in answering the questions about the above-named student. Send the completed form to Prince of Peace Catholic School. We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent/guardian has signed above.

Teacher name (please print) _____ Grade/subject taught _____

How long have you known this applicant? _____

Applicant's enrollment period at your school: Start Date _____ End Date _____
mm/dd/year mm/dd/year

In relation to other students of this age/grade, how much of your personal time and attention did you give this applicant?
 Significantly More More Average Less Significantly Less

Has the applicant ever been recommended for identified as needing:

	No	Yes	Year		No	Yes	Year
Psychological Testing	___	___	_____	Grade Retention	___	___	_____
Special Education	___	___	_____	Tutoring	___	___	_____

If yes, did the parents follow through? ___ Yes ___ No

What accommodations, if any, were made in your classroom for this applicant? _____

Classroom conduct/discipline: ___ Frequent disruptions ___ Occasional misconduct ___ Usually good conduct ___ Good conduct

Has the student ever been on a behavior contract? ___ Yes ___ No

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Personal Characteristics	Did Not Observe	Needs Improvement	Noticeably Emerging	Age Appropriate Developing	Consistent	Advanced	Exceptional
Ability to work in a group							
Ability to work independently							
Intellectual curiosity							
Imagination							
Motivation/Effort							
Leadership potential							
Classroom conduct							
Self-confidence							
Respect for teachers							
Reaction to criticism							
Integrity/Trustworthiness							
Persistence							
Relationship with peers							
Accepts responsibility for actions							
Uses language to problem solve							

Demonstrates self-control								
Consideration of others								
Maturity								
Sense of humor								
Seeks advice/help when needed								

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Academic Performance	Did Not Observe	Needs Improvement	Noticeably Emerging	Age Appropriate Developing	Consistent	Advanced	Exceptional
Academic Ability							
Academic Performance							
Participation in discussions							
Ability to express ideas orally							
Ability to express ideas in writing							
Follows directions							
Prepared for class							
Attention span							
Use of class time							
Seeks help when needed							

Family Information	Did not Observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child					
Communicates openly with the school					
Cooperates with classroom teachers					
Follows through with school recommendations					
Cooperates with school administration					
Participates in school activities					
Is punctual with drop-off and pick-up procedures					
Follows the rules and policies of the school					
Interested in child's progress					
Allows child to take responsibility for actions					

Additional comments/concerns _____

SPECIFIC RECOMMENDATION:

_____ Highly recommended _____ Recommended _____ Recommended with reservations (please explain)

_____ Prefer not to make a recommendation (please explain) _____ Not recommended (please explain)

Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if necessary.

Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of the student's application.

Evaluator's Name (print): _____

Position: _____

Evaluator's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____