

\*Please include copies of report cards and standardized testing when submitting student application.



**OFFICE USE ONLY:**  
 Application Fee \$50.00  
 Date Rec'd: \_\_\_\_\_  
 CASH/CK # \_\_\_\_\_  
 Registration Fee \$165.00  
 Date Rec'd: \_\_\_\_\_  
 CASH/CK# \_\_\_\_\_

## GRADES K-8 APPLICATION

Child's Full Name \_\_\_\_\_  Male  
 Last First Middle Preferred Name  Female

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Month Day Year Age on Sept. 1 applying for: \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip Code

Public school for which your child is zoned: \_\_\_\_\_

Place of Birth \_\_\_\_\_  U.S. Citizen  
 City State  Other \_\_\_\_\_ Primary Language \_\_\_\_\_

Siblings Name \_\_\_\_\_  
 Please list all. Age \_\_\_\_\_  
 None School \_\_\_\_\_  
 Grade \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother's Name	Father's Name
Address <input type="checkbox"/> Same as child	Address <input type="checkbox"/> Same as child
Home Phone	Home Phone
Cell Phone	Cell Phone
Email Address	Email Address
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
<input type="checkbox"/> Remarried <input type="checkbox"/> Single	<input type="checkbox"/> Remarried <input type="checkbox"/> Single

### IN THE CASE OF DIVORCE OR SEPARATION

What is the legal custody arrangement for this student?  Joint  Mother has full custody  Father has full custody  
 What is the primary residence of this student?  Both parents  Mother  Father  
 Financial responsibility will be assumed by:  Both parents  Mother  Father

\*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.\*

Family religious affiliation:  Catholic  Other \_\_\_\_\_  
 Members of Prince of Peace parish?  Yes  No; Parish: \_\_\_\_\_

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: _____	Grades: _____
Name of School: _____	Dates attended: _____	Grades: _____
Name of School: _____	Dates attended: _____	Grades: _____
Name of School: _____	Dates attended: _____	Grades: _____
Has the student ever repeated a grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what grade? Please explain. _____		

EMERGENCY CONTACTS

\*Cannot be parents/guardians and must live within 30 mile radius\*

1. Name: _____	Phone: _____
Relationship to child: _____	Alt. Phone: _____
2. Name: _____	Phone: _____
Relationship to child: _____	Alt. Phone: _____

PICKUP PERMISSIONS

\*Please list any people permitted to pick up your child from school\*

1. Name: _____	Phone: _____
Relationship to child: _____	Alt. Phone: _____
2. Name: _____	Phone: _____
Relationship to child: _____	Alt. Phone: _____
3. Name: _____	Phone: _____
Relationship to child: _____	Alt. Phone: _____

Name of Physician: _____	Phone: _____
I, _____, give permission for my child, _____, to be taken to the nearest emergency room for treatment should there be an emergency situation in which the staff of Prince of Peace is unable to contact either parent.	
Parent/guardian signature _____	Date _____

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. I understand that the registration and application fees are nonrefundable. Notification of acceptance will be sent to me following receipt and review of all required paperwork and fees.	
Parent/guardian signature _____	Date _____
Parent/guardian signature _____	Date _____

# PARENT QUESTIONNAIRE (GRADES K-8)

Does this child have an Individualized Education Plan (IEP) or 504 Plan? If yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any assistive equipment? If yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child receive speech therapy or any other special services? If yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any health conditions or concerns (I.e. asthma)? If yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take any medications regularly? If yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.)?

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2. What do you see as your child's challenges (physical, social emotional, academic)? What has been effective in addressing these challenges?

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3. What are your child's special interests, hobbies, abilities, etc.?

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4. Historically, does your child tend to interact with one friend, a small circle of friends, or a large circle of friends?

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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 explain the outcome.

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

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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?

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

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

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11. Please note anything you would like us to know about your child that we have not asked.

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Thank you for taking the time to help us get to know your child!