

FOR OFFICE USE ONLY

___ Birth Certificate
___ Baptismal Certificate
___ Report Card
___ Immunization Form

Date fee paid _____
Date of application _____
Date of acceptance _____
Date of withdrawal _____

**NOTRE DAME CATHOLIC SCHOOL
PRESCHOOL – 8TH GRADE REGISTRATION FORM**

Please complete all information requested. One form per student. Information will be verified with previous schools. False information will nullify application.

Date _____

**Registering for grade (circle one): preschool, pre-kindergarten, kindergarten,
1, 2, 3, 4, 5, 6, 7, 8**

Student's name _____
Last First Middle

Home address _____

_____ City State Zip

Home phone number _____

Student's birth date _____ Female Male

Student Baptized? Yes No First Penance/Eucharist? Yes No

Is student: ___ African American, ___ Asian, ___ Caucasian, ___ Hispanic/Latino,
___ Native American, ___ Native Hawaiian/Pacific Islander
___ Two or more races (Please list.) _____

What language(s) does your child speak? Please list in order of fluency. _____

FAMILY/PARENT INFORMATION

Father's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____

Religion _____ Parish _____ Registered? Yes No

Mother's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____

Religion _____ Parish _____ Registered? Yes No

Step-Father's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____

Religion _____ Parish _____ Registered? Yes No

Step-Mother's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____

Religion _____ Parish _____ Registered? Yes No

Custodial guardian _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____

Relationship to student _____

Religion _____ Parish _____ Registered? Yes No

Student resides with: mother _____ father _____ step-parent _____ other _____

NOTRE DAME CATHOLIC SCHOOL

www.notredamedenver.org

2165 S. Zenobia St.

Denver, Co. 80219

Phone: (303) 935-3549

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E-mail: Anna Peetz, Student Records

apectz@notredamedenver.org

**REQUEST FOR STUDENT RECORDS
GRADES 1 – 8**

Date: _____

Name and Address of School Child is attending:

Student's Name _____

Birth Date _____ Grade _____

Please send the following records on the above named student:

Academic and cumulative records

Medical and health, including immunization

All Special Service reports (Psychological, speech/language,
ADD, LD)

Signature of Parent/Guardian _____

SIBLINGS: List brothers and sisters under age 18 years living at home.

LAST NAME	FIRST NAME	AGE	PRESENT SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you applying for admission for other children at Notre Dame School at this time? Yes No
If yes, give name and grade entering:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

If space is not available at this time,

- _____ I would like my child on the waiting list
- _____ I would accept available enrollment openings and keep other sibling(s) on the waiting list.

NOTICE: This is an application form for Notre Dame School. Acceptance of this form on the part of the school does not imply or guarantee acceptance and admission into Notre Dame School. Each student will be tested and references checked. The principal will make final determination regarding admission after all information is complete. Notre Dame will not ordinarily accept students who are one or more years below grade level. Refer to Handbook for complete admissions policy.


Parent/Guardian Signature _____ Date _____

Please tell us where you heard or who told you about Notre Dame School. Please tell us the person's name if possible.

3 Year Old Pre School Selection Sheet 2016-2017

Name of Student: _____

Students Birthday: _____
(Must be 3 years old by October 1, 2016 and potty trained.)

Please check  days your student will be attending.

Preschool Half-Day (8:00-11:30 A.M. only)

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

Preschool Full Day

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

- A minimum of two (2) non sequential classes per week are required for preschool. (Such as Monday and Wednesday or Tuesday and Thursday.)
- Once school starts you may add days to your students schedule but not decrease the number of days your student attends.

Parent Signature _____

Date: _____

Pre-Kindergarten Selection Sheet 2016-2017

Name of Student: _____

Students Birth Date: _____
(Students must be 4 years old by October 1st, 2016.)

Please check  your choice

Pre-Kindergarten Half Day

___ Tuesday, Wednesday, Thursday

___ Monday Tuesday, Wednesday,
Thursday

___ Tuesday, Wednesday, Thursday,
Friday

___ Monday, Tuesday, Wednesday,
Thursday, Friday

Pre-Kindergarten Full Day

___ Tuesday, Wednesday Thursday

___ Monday, Tuesday, Wednesday,
Thursday

___ Tuesday, Wednesday, Thursday,
Friday

___ Monday, Tuesday, Wednesday,
Thursday, Friday

(Once school begins you can only add days if available.)

Parent Signature _____

Date: _____