

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 PARISH 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. _____

PLEASE CIRCLE

How would you rate your child in READING? below av. average above av. n/a

How would you rate your child in MATH? below av. average above av. n/a

How would you rate your child in LANGUAGE ARTS? below av. average above av. n/a

In which of these areas does your child excel?

academic

social interaction

creative endeavors

athletics

Has student previously attended a parochial school? Yes No
Which school?

Does your child have any learning disabilities? Yes No
If yes, please specify:

Has your child ever been retained? Yes No
If yes, please specify which grades:

Has your child demonstrated behavioral problems in any previous school? Yes No
If yes, please specify:

Has your child been asked to leave another school? Yes No
If yes, please specify:

Has your child been in any special classes? Yes No
If yes, please specify:

Does your child have any health problems? Yes No
If yes, please specify:

Is your child on any medications? Yes No
If yes, please specify:

Is your child presently involved in counseling? Yes No
If yes, please specify:

Is there any legal documentation concerning your child? Yes No
If yes, please specify:

NOTE: Official copies of any legal documentation must be provided to the school and kept on file. Copies must include an official court seal.
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FAMILY/PARENT INFORMATION

Father's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____ Cell phone # _____

Religion _____ Parish _____ Registered? Yes No

Mother's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____ Cell phone # _____

Religion _____ Parish _____ Registered? Yes No

Step-Father's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____ Cell phone # _____

Religion _____ Parish _____ Registered? Yes No

Step-Mother's name _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____ Cell phone # _____

Religion _____ Parish _____ Registered? Yes No

Custodial guardian _____
Last First Middle

Place of employment _____ Work phone # _____

E-mail address _____ Cell phone # _____

Relationship to student _____

Religion _____ Parish _____ Registered? Yes No

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

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 Parish School. Acceptance of this form on the part of the school does not imply or guarantee acceptance and admission into Notre Dame Parish School. Each student will be interviewed 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

Thank you.

NOTRE DAME PARISH SCHOOL

www.notredamedenver.org

2165 S. Zenobia St.

Denver, Co. 80219

Phone: (303) 935-3549

FAX: (303) 937-4868

E-mail: Anna Peetz, Student Records

apectz@notredamedenver.org

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

Date: _____

Name and Address of School Child is/was 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 _____