

ST. DOMINIC SCHOOL
APPLICATION FOR ADMISSION

Applying for Grade _____ **Date of Application** _____

Name of Student _____ M____ F____

Date of Birth _____ Place of Birth _____

Applicant's Religious Affiliation _____

Baptism Date _____ Church _____

1st Communion Date _____ Church _____

Presently enrolled at _____

Phone number _____ Address _____ Grade _____

FATHER

MOTHER (Maiden Name)

Name _____

Name _____

Address _____
Street

Address _____
Street

City Zip

City Zip

Home Phone _____

Home Phone _____

Cell Phone _____

Cell hone _____

E-Mail _____

E-Mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Religious Affiliation _____

Religious Affiliation _____

Has applicant ever repeated a grade? Yes___ No___ Which grade?___
Comments:

Has applicant had learning problems identified? Yes___ No___ What was the nature
of the learning problem?

Applicant lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian

List other children currently attending SDS: _____

List other children applying to SDS: _____

Are you a registered and contributing member of St. Dominic Parish? _____

Envelope Registration Number _____

Are you a registered member of another Parish? _____ Name of Parish _____

Please attach a copy of: **Birth Certificate** **Shot Records** **Baptismal Certificate**

For Grades 1-8, please attach a copy of latest report card and standardized test results.
*Give Confidential Teacher Report and Release & Consent form to **current teacher** with a
pre-addressed envelope for its return to St. Dominic School.*

Thank you for your application to St. Dominic School. New applicants should attach a
\$50.00 non-refundable application fee per application.

**Once your application and testing have been completed, your child will be placed on
our waiting list. You will be notified when a space for your child is available.
Applications must be renewed every year.**

Signature of Parent _____ **Date** _____

A limited amount of financial aid is available for families with a demonstrated need for
assistance. Please check if you wish to apply. _____

Family Name (please print) _____

Please answer the following questions to the best of your ability:

1. Why are you choosing St. Dominic School?

2. If you are transferring from another school, why are you making the change?

3. If your child is admitted to St. Dominic, what skills or talents can you bring to our school community as a family?

How did you hear about our school? (Check all that apply)

- Family Friend/Co-worker whose child attends (Name _____)
- Church Preschool Sign in front of school
- Catholic Herald SDS Website Catholic School Dept. Website
- Other (Please describe): _____