



APPLICATION FOR ADMISSION 2017-2018

CATHEDRAL SCHOOL OF SAINT MARY

910 SAN JACINTO BLVD., AUSTIN, TEXAS 78701

(512) 476-1480 • WWW.SMCSCHOOLAUSTIN.ORG

STUDENT INFORMATION

Please type or print.

Full Name of Applicant _____
Last Name First Middle Preferred Name

Male Female Birthdate _____ Social Security Number _____

Anticipated Grade for 2017-2018 _____ Age as of September 1, 2017 _____
Must be 5 by Sept 1 to enter Kindergarten

Street Address _____ City _____ State _____ Zip Code _____ Years at this Address _____

Is this student related to a current or former student of Catholic School of Saint Mary? Yes No If yes, name of relative(s) _____

Which School District does your family reside in? Austin Del Valle Hays Leander
 Manor Pflugerville Round Rock Other _____

Language(s) Spoken at home _____

For statistical purposes only, please choose one from each category - Ethnicity and Race. (Categories taken from the US Census)

Ethnicity Hispanic Non-Hispanic

Race American Indian/Native American Asian Black/African American
 Native Hawaiian/Pacific Islander White Two or more races

SCHOOL INFORMATION

Student's current school name _____ City _____ State _____ Dates/grade attended _____

Student's previous school name _____ City _____ State _____ Dates/grade attended _____

Has student ever been suspended or asked to leave any school? If yes, explain _____

Are you aware of any special considerations required by your child that may impact his or her ability to participate in all aspects of the programs offered by the Cathedral School of Saint Mary?

- Has a diagnosed learning disability Has a diagnosed behavior disorder Has a diagnosis of ADD or ADHD
 Has a physical disability Requires daily medication or services of any kind Other _____
 Has received psychological counseling Has received speech or special education services

If the child has a diagnosed disability, are there any accommodations that have been recommended?

Please list any medications your child is presently taking.

CATHOLIC SACRAMENTS INFORMATION

	Baptism	Reconciliation	First Eucharist	Confirmation
Date	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>
Parish				
City, State				

PARISHIONER STATUS

Student's religion _____

Our family is registered members at _____ Church in _____

Our family is not registered with any parish.

City _____

FAMILY INFORMATION

Parents' Marital status Married Separated Divorced* Father remarried* Mother remarried* Not Married

Student lives with Mother and Father Mother Father
 Guardian, Relationship _____ Other _____

**If the student's parents are divorced or legally separated, a certified copy of the court order or decree must be submitted with application.*

Mailings should be sent to Parents Mother Father Guardian, Relationship _____

FATHER/GUARDIAN

Please check: Mr. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Cell phone _____

Home phone _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

MOTHER/GUARDIAN

Please check: Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Cell phone _____

Home phone _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

STEPFATHER

Please check: Mr. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Cell phone _____

Home phone _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

STEPMOTHER

Please check: Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Cell phone _____

Home phone _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

List all children in the family, including the applicant, in order of birth:

Name	Sex	Age	Date of Birth	Current Grade	Current School