



APPLICATION FOR ADMISSION 2018-2019

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 2018-2019 _____ Age as of September 1, 2018 _____
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 _____

Name of the public school to which the child belongs: _____ 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 _____

Indicate below any diagnosis and/or special considerations needed for your child. None

- 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
- Has received dual language services
- Has received psychological counseling
- Has received speech or special education services
- Other _____

If the child falls under any of the above listed areas, please list 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

Students' 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 _____

Date of Birth _____

Cell phone _____

DL # _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

MOTHER/GUARDIAN

Please check: Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Date of Birth _____

Cell phone _____

DL# _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

STEPFATHER

Please check: Mr. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Date of Birth _____

Cell phone _____

DL # _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

STEPMOTHER

Please check: Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Date of Birth _____

Cell phone _____

DL# _____

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