

## *Application for Admission*

Date: \_\_\_\_\_ School Year Aug 20\_\_\_\_\_ to June 20 \_\_\_\_\_

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Student's Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Full Name of Student's Father \_\_\_\_\_

Father's Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Full Name of Student's Mother \_\_\_\_\_

Mother's Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

**SCHOOL INFORMATION**

Student's Present School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal \_\_\_\_\_ Phone \_\_\_\_\_

Special Education Service Currently Receiving: \_\_\_\_\_

Describe Your Student's Educational Difficulties: \_\_\_\_\_

**EDUCATION HISTORY**

School	Location	Grade/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain in what why, if any, your student is having difficulty in:

Reading: \_\_\_\_\_

Writing: \_\_\_\_\_

Spelling: \_\_\_\_\_

Math: \_\_\_\_\_

Adjustment in school (explain briefly) \_\_\_\_\_

\_\_\_\_\_

Has your student been fearful about or have a problem with attending school?

\_\_\_\_\_

Does he/she have friends at school? \_\_\_\_\_

Does he/she have friends in the neighborhood? \_\_\_\_\_

If not, why? \_\_\_\_\_

### **MEDICAL INFORMATION**

Student's Attending Physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Hospital to which your child could be taken in case of an emergency.

Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Student's Height \_\_\_\_\_ Student's Weight \_\_\_\_\_

What are your student's special interests or hobbies: \_\_\_\_\_

\_\_\_\_\_

Describe any physical problems your student may have: \_\_\_\_\_

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Describe any allergies or special diets that may apply to your student:

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Is your student receiving any medication? \_\_\_\_\_

If yes, please indicate the medication, dosage, and reason for the medication:

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Describe any difficulties your student had in learning to eat, sleep, sit, walk, or talk: \_\_\_\_\_

Has your student had any evaluation?

\_\_\_ Educational \_\_\_ Psychological \_\_\_ Medical \_\_\_ Hearing \_\_\_ Vision

\_\_\_ Other Explain (what, when, by whom) Dates: \_\_\_\_\_

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## **DEVELOPMENTAL HISTORY**

Pregnancy and delivery: note any difficulty for mother or child.

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Explain \_\_\_\_\_

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Full term: Yes \_\_\_\_\_ No \_\_\_\_\_

Birth weight \_\_\_\_\_

At what age did the following occur?

Sit alone \_\_\_\_\_ Stand-alone \_\_\_\_\_ Walk alone \_\_\_\_\_

Feed self \_\_\_\_\_ Say words \_\_\_\_\_ Say sentences \_\_\_\_\_

Toilet trained \_\_\_\_\_ Dress self \_\_\_\_\_ Tie shoes \_\_\_\_\_

Tell time \_\_\_\_\_

Have you noticed any speech problems? \_\_\_\_\_

\_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

## **HEALTH HISTORY**

List illness, injuries, operations, seizures give age or year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **EMOTIONAL ADJUSTMENT**

How would you describe your child?

sensitive \_\_\_\_\_ shy \_\_\_\_\_ timid \_\_\_\_\_ boastful \_\_\_\_\_

rebellious \_\_\_\_\_ aggressive \_\_\_\_\_ stubborn \_\_\_\_\_ show-off \_\_\_\_\_

affectionate \_\_\_\_\_ ashamed \_\_\_\_\_ distant \_\_\_\_\_ angry \_\_\_\_\_

tantrums \_\_\_\_\_ other \_\_\_\_\_

Please provide detailed examples to any of the checked items from above.

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What are your favorite qualities about your child?

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How does your child relate to his/her family?

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Is he/she accepted by family members?

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Names and Ages of Brothers and Sisters: \_\_\_\_\_

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**RELIGIOUS AFFILIATION**

Morning Star School is a Diocesan Catholic School. We want to make it clear that every child attending Morning Star School participates in Religious Instruction, which is an important part of the school curriculum. We attend Liturgical services at Sacred Heart Church each week.

CATHOLIC

Parish \_\_\_\_\_

Pastor \_\_\_\_\_

Do you attend Church? \_\_\_\_\_

Date	Church	Location
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Baptism \_\_\_\_\_

Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

If not Catholic, please state your religious denomination.

\_\_\_\_\_

Name of Church \_\_\_\_\_

Location \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Do you attend church? \_\_\_\_\_

Was your child baptized? \_\_\_\_\_ Year \_\_\_\_\_

What are your feelings toward Religious Instruction in our school?

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Who referred you to Morning Star School? \_\_\_\_\_

Why do you want Morning Star School for your child? \_\_\_\_\_

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Is there anything else we should know about your child? \_\_\_\_\_

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I realize that should Morning Star School accept my child, I am obligated to support and assist the school in its programs and activities, whether monetary or otherwise when called upon to do so. I will \_\_\_\_\_ will not \_\_\_\_\_ be willing to give of my time and assistance to Morning Star School in its special school activities and functions that will enable the school to keep its finances to a minimum for our benefit.

How will the student's tuition be funded?

\_\_\_\_\_ Mother      \_\_\_\_\_ Father      \_\_\_\_\_ Parents      \_\_\_\_\_ Other

\_\_\_\_\_ McKay Scholarship      \_\_\_\_\_ PLSA



All information on this form will be strictly confidential and will be used only to help Morning Star School in developing the best educational program for your child. This form will be kept in your child's confidential folder.

Signed \_\_\_\_\_  
Parent/Guardian Date

Signed \_\_\_\_\_  
Parent/Guardian Date

