

Medical Information

Is the student presently seeing a medical professional on a regular basis for a diagnosed condition? Yes _____ No _____

If yes, diagnosis: _____

Medication prescribed _____ Taken at home Taken at school

Is student physically or mentally challenged? Yes _____ No _____

If yes, does he/she require special accommodations? _____

Family Information

Siblings in Family

Name: _____ Grade or age: _____ School Attends: _____

Name: _____ Grade or age: _____ School Attends: _____

Name: _____ Grade or age: _____ School Attends: _____

Languages spoken at home other than English: _____

Home conditions or background that would help us better understand your child: _____

What is your primary reason for making application to St. Anne-Pacelli Catholic School? _____

How did you hear about St. Anne-Pacelli Catholic School? _____

Sacraments Received (Catholic students only)

Baptism Date: _____ Parish: _____ City: _____ State: _____

Reconciliation Date: _____ Parish: _____ City: _____ State: _____

Holy Eucharist Date: _____ Parish: _____ City: _____ State: _____

Confirmation Date: _____ Parish: _____ City: _____ State: _____

Current Parish: _____

The admissions process is used to determine a match between the student's needs and the resources St. Anne-Pacelli Catholic School offers. I understand and acknowledge that St. Anne-Pacelli Catholic School may deny admission at any time if it determines that enrollment of a child in St. Anne-Pacelli would not be appropriate. I understand and acknowledge that St. Anne-Pacelli may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of St. Anne-Pacelli Catholic School.

Signature of Parent/Guardian

Date of Application