

ST. DOMINIC CATHOLIC SCHOOL APPLICATION CHECKLIST

Families wishing to pursue enrollment at St. Dominic School should use the following checklist to complete the admission process. An applicant's file is presented to the Admission Committee upon receipt of the materials listed below.

- Completed Application, with accompanying fee

- One Recent photograph of the applicants

- Authorization for Release of Student Records should be signed by the parents and given to the current school with a pre-addressed and stamped envelope, permitting the school to forward copies of transcripts, standardized testing reports, and any behavior or discipline reports directly to St. Dominic School. Applications submitted without academic records from the current school will be considered incomplete.

- Developmental History Form (Pre-school students)

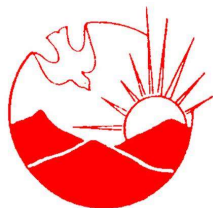
- Parent Questionnaire (Elementary students)

- Copy of baptismal certificate for Catholic applicants

- Copy of birth certificate

- Copy of Immunizations on TN form

- Tuition payment form (Elementary students)



**New Student
APPLICATION FOR ADMISSION
St. Dominic Catholic School**

Today's date: _____

Child's Full Name _____ Male Female

PLEASE PRINT Last, First, Middle (Goes By)

Address _____

City/State/Zip _____

Phone _____ Date of Birth ____/____/____

Circle the Grade for which you are applying: K 1 2 3 4 5 School-year _____

Pre-school Pre-K (5 days) *circle one* morning only full time
Pre 4 *circle one* 5 days 3 days morning only full time

Place of birth (city/state) _____ Citizen of U.S. _____ Other _____

Ethnic Origin: ___Caucasian ___African-American ___Asian ___Amer. Indian ___Hispanic ___Other

Is a language other than English spoken in your home? ___ If so, what language is spoken at home? _____

What is your child's first language? _____

Religion _____ (If Catholic: ___Practicing ___Non-Practicing ___Candidate Catechumen)

Parish at which family is registered _____ Public School for which you are zoned _____

Sibling(s) currently attending Catholic School _____ School/Grade _____
_____ School/Grade _____ School/Grade _____

Sacramental Information – For Catholic Applicants

Date Name of Church City/State

Baptism: _____

Reconciliation: _____

First Communion: _____

School History:

Please list any school the student has previously attended: Grade level: _____

Dates attended: _____ Name of school: _____

Has student repeated a grade? Y/N? _____ If so, what grade and why? _____

Parent/Guardian Information:

Name _____

Relationship to child: _____

Address (if different) _____

Email Address _____

Home Phone _____

Employer _____

Occupation _____

Work Phone _____

Other Phone (cell, pager) _____

Religion _____

If Catholic: Practicing Non-Practicing
 Candidate Catechumen
Marital Status Married Separated Divorced
 Remarried Single

Name _____

Relationship to child: _____

Address (if different) _____

Email Address _____

Home Phone _____

Employer _____

Occupation _____

Work Phone _____

Other Phone (cell, pager) _____

Religion _____

If Catholic: Practicing Non-Practicing
 Candidate Catechumen
Marital Status Married Separated Divorced
 Remarried Single

IN THE CASE OF DIVORCE OR SEPARATION:

What is the legal custody arrangement for this student? _____

Primary residence of this student is with _____

School correspondence should be mailed to _____

Financial responsibility will be assumed by _____

For office use only

Application received by _____

Date _____

PRE-SCHOOL DEVELOPMENTAL HISTORY INFORMATION

Today's date _____

GENERAL

Child's full name _____ DOB _____ Age _____ Grade _____

Person providing information: _____

Relationship to child _____

Is this your child's first experience with pre-school? ___yes ___no If no, where has he/she attended?

How does your child feel about school? _____

What are some of the ways your child plays at home? _____

How does your child interact with children in the neighborhood? _____

How would you describe your child's personality at home? _____

How does your child get along with brothers/sisters? _____

What is the most effective way to deal with your child's behavior problems at home (talking, positive reinforcement, time-out, grounding, etc.)? _____

How does your child respond to discipline? _____

Have there been any significant changes in the home over the year such as new marriages, deaths, births, address changes, family separations/divorce, parent dating, parent job change etc? _____

What do you feel are your child's:

Strengths _____

Weaknesses _____

Briefly describe any concerns for your child. _____

List any responsibilities your child has at home: _____

Does your child do these regularly? __Yes __ No Does your child need frequent reminders? __Yes __No

Indicate child's: Bed time ___:___PM Wake time___:___ AM Does child sleep well? __Yes __ No

How much time does your child typically spend on electronic media? _____

Watching T V: ___hrs/day; Playing video/computer games: ___hrs/day; Other: _____ hrs/day

Health

Were there any complications with the pregnancy? If yes please describe:

Pregnancy lasted _____ weeks / months Child's birth weight: _____pounds _____ounces

Did child go home from the hospital at the same time as the mother? Yes No

If No, please describe: _____

B. Health

Describe the state of your child's current health: Excellent Good Fair Poor

Has your child ever been identified as having a disability? Yes No

If so, by whom, what age, & what disability? _____

Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc)? Yes No

If so, by whom (professional/agency) and when: _____

Has your child had any of the following? Please check all that apply.	Please describe and give details, dates, and age of onset
<input type="checkbox"/> Serious Illnesses	
<input type="checkbox"/> Head Injuries	
<input type="checkbox"/> Seizures or convulsions	
<input type="checkbox"/> Surgery/Hospitalization	
<input type="checkbox"/> History of Ear Infections	
<input type="checkbox"/> Allergies and/or Asthma	
<input type="checkbox"/> Vision Problems	
<input type="checkbox"/> Hearing Problems	
<input type="checkbox"/> Frequent Nightmares and/or Bedwetting	
<input type="checkbox"/> Other health problem	

Child's Early Temperament: (Toddler through five years of age)

Activity Level – How active has your child been from an early age? _____

Distractibility – How well is your child able to maintain focus, concentration or pay attention to tasks? _____

Adaptability - How well is your child able to deal with transition, change, or when denied his/her own way? _____

Approach/Withdrawal – How well is your child able to respond to new things (i.e., new places, people, food, etc.)? _____

Intensity – Whether happy/unhappy, how strong are your child's feelings exhibited? Are others made aware of when your child is upset, angry, disappointed, etc.? _____

Mood – What is your child's basic mood? Does he/she exhibit frequent or rapid changes in mood or temperament? _____

Regularity – How predictable is your child's patterns of activity level, sleep, appetite, etc.? _____

Prior to age six, did your child have more difficulty than other children his/her age...

- | | |
|--|--|
| <input type="checkbox"/> Sitting still at meal time | <input type="checkbox"/> Staying focused on TV, movies, or video games |
| <input type="checkbox"/> Paying attention when read to | <input type="checkbox"/> Waiting for a turn to play |
| <input type="checkbox"/> Throwing a ball | <input type="checkbox"/> Knowing left and right |
| <input type="checkbox"/> Catching a ball | <input type="checkbox"/> Acting without thinking |
| <input type="checkbox"/> Buttoning and zipping | <input type="checkbox"/> Dressing self |
| <input type="checkbox"/> Holding a crayon or pencil | <input type="checkbox"/> Tying shoe laces |
| <input type="checkbox"/> Accidentally dropping things | <input type="checkbox"/> Accidentally knocking things over |