

St. Francis de Sales School

Praying, Learning and Living Together

8100 Roos, Houston, Texas 77036 713/774-4447 Fax 713/271-6744

www.sfdsschool.org

APPLICATION FOR ADMISSION

APPLICANT INFORMATION: School Year Applying For: _____ Applying for Grade: _____

Applicant's Full Legal Name:

Last: _____ First: _____ Middle: _____ Age: _____

Male: _____ Female: _____ Date of birth: _____ Place of Birth: _____

Religion: _____ Child Baptized Yes No First Communion Yes No

Child Lives With: Mother Father Stepmother Stepfather Other

FAMILY INFORMATION: Mother Stepmother Guardian Father Stepfather Guardian

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Religious Affiliation: _____

Name of Church registered in? _____

E-mail address _____

What languages other than English are spoken at home? _____

MEDICAL INFORMATION: List any medications child takes on a regular basis: _____

APPLICANT'S EDUCATION HISTORY

Name of school currently attending: _____ Grade: _____

Names of all schools previously attended and grades attended at those schools _____

Has the applicant ever been suspended, asked to withdraw or been expelled from a previous school? Yes No
If "YES", please explain in accompanying letter.

Name of Public School District you live in: _____

Describe any tutoring or special help the child is receiving or has received: _____

Describe any special testing the child has had: _____

Keeping in mind that all information will be kept confidential, will a complete copy of all evaluations be given to SFDS School? Yes No

In order to assess your child's participation in the various aspects of the programs offered at SFDS School, please provide any information (considerations and special abilities) about your child in each of these areas.

academic: _____

behavioral: _____

physical: _____

social: _____

How did you hear about us? _____

Why do you want your child to attend St. Francis de Sales School: _____

I understand that this application authorizes the school to investigate my child's academic record and to secure pertinent information necessary to reach an admission decision. I also voluntarily waive the right of access to all information and materials of any kind received by St. Francis de Sales School from any source in connection with the application. Non-refundable Application Fee: \$100.00 per application

Parent(s) Signature(s): _____ Date: _____

In accordance with Diocesan Board of Education Policy 652.1, St. Francis de Sales School does not discriminate against applicants or students on the basis of race, color, national or ethnic origin.