

Application for Admission

Application for School Year: _____

Grade Applying for: _____

Date Received: ___/___/___

Date Recorded: ___/___/___

Fee: ___/___/___ \$175.00

(Non-Refundable)

Information about Student

Full Name _____ Male [] Female []
Street Address _____ Date of Birth ___/___/___
City, State, Zip _____ Religion _____
Place of Birth _____ US Citizen: Yes [] No [] Phone # () _____

Information about Father

Full Name _____ Religion _____
Street Address _____ Home Phone _____
City, State, Zip _____ () _____
E-mail Address _____ Cell Phone _____
Occupation / Title _____ () _____
Name of Business _____ Work Phone _____
Street Address _____ () _____
City, State, Zip _____

Information about Mother

Full Name _____ Religion _____
First Name Maiden Name
Street Address _____ Home Phone _____
City, State, Zip _____ () _____
E-mail Address _____ Cell Phone _____
Occupation / Title _____ () _____
Name of Business _____ Work Phone _____
Street Address _____ () _____
City, State, Zip _____

Information about Person with Whom Student Lives

Student Lives with [] Both Parents [] Mother [] Father [] Other
If "Other," Name _____
Relationship to Student _____
Language(s) Spoken at Home: _____

Information about Parish of Parent(s)

Are Parent(s) registered members of the Church of the Assumption? Yes [] No []
If "Yes," please give Envelope Number. _____
In order to receive a Parishioner Tuition Rate, parent(s) must attend Mass weekly with child.
If Parent(s) are not members of the Assumption, what parish do they belong to?
Name of Parish _____
Location _____
In order to receive a Catholic with Subsidy Tuition Rate, a letter must be provided from the pastor of the parish to which you belong stating that he will pay the subsidy.

Information about Person(s) Paying Tuition and Bills

Will be Paid by [] Both Parents [] Mother [] Father [] Other
If "Other," Name _____
Street Address _____
City, State, Zip _____
Phone Number () _____

Please fill out other side also.

The

Assumption

School

51 North Cliff Street
Ansonia, CT 06401

203.734.0855

Fax

203.734.5521



Additional Information about Student

School Last Attended

Name _____

Street Address _____

City, State, Zip _____

Current Grade _____

Does student have any health concerns? Yes [] No []

If "Yes," please explain. _____

Has student ever received diagnostic/psychological testing? Yes [] No []

If "Yes," a complete copy of the report must be submitted to The Assumption School.

Sacraments Received

Baptism

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

First Reconciliation

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

First Communion

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

Name, Age, and Current School of Siblings:

Name	Age	Current School
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List any relatives of the student who are alumni of The Assumption School

Name	Class	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that my child is accepted, my signature below indicates my agreement to abide by all of The Assumption School's guidelines and policies including the following:

- Parents are expected to volunteer their services and expertise within the school.
- Parents agree to adhere to the school's policies as given in the school handbook.
- As part of a contract with the school, parents assume the responsibility of paying all tuition and fees according to the school's tuition policy, and the undersigned agree to pay all costs of collection, including attorney's fees, should they fail to pay all of such tuition and fees.

Signature of Parents/Guardians (Both parents/guardians must sign)

Date

