

Circle Grade Level, Option & days:

PreK 3: 2 3 5 Half Days

PreK 3: 2 3 5 Full Days

PreK 4: 5 Half Days

Or 5 Full Days

Mon, Tues, Wed, Thurs, Fri

Grade K 1 2 3 4 5 6 7 8

# Southington Catholic

## Admissions Application

133 Bristol Street, Southington, CT  
06489

Phone: 860-628-2485

School Year 2017 – 2018

### For Office Use Only

Date Received \_\_\_\_\_

App Fee Paid \_\_\_\_\_

Deposit Paid \_\_\_\_\_

Check # \_\_\_\_\_

### “Educating students in a caring environment rich in Catholic tradition and academic excellence”

*Archdiocese of Hartford :Vision Statement:* Catholic Schools in the Archdiocese of Hartford welcome students of all faiths, ethnic groups and socio-economic backgrounds. The fundamental purpose of Catholic schools is to: Provide a safe, nurturing and secure environment in which students encounter the living God, who is Jesus Christ, reveals His transforming love and truth; Partner with parents to support students in their learning and in their search for knowledge, meaning, and truth; Create a Catholic climate that contributes to the formation of students as active participants in the parish community; Foster a culture of educational excellence through critical thinking skills, innovative and rigorous curriculum standards, a global perspective, and an emphasis on moral education, community, and service. Promote life-long learning that advances the development of the whole person – mind, body, and soul; and graduate students prepared to become productive, virtuous citizens and church leaders who will fashion a more humane and just world.

**GENERAL INFORMATION: A non-refundable application fee of \$75.00 per student must accompany this application by cash or check made payable to “Southington Catholic” will be accepted. A \$225.00 non-refundable deposit will be required within 2 weeks of your child’s acceptance. This deposit will be applied to your child’s tuition. Applications must be filled out completely and a copy of the applicant’s birth certificate and baptismal certificate (if applicable) should accompany this form.**

#### Student Information:

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Last Name

First Name

Middle

Nickname

#### Student’s Home Address:

Street		Town		State		Zip	
Home Phone		Family E-mail Address					
Date of Birth		Birthplace (City, State, Country)					
Male		Female		Is Child a U.S. Citizen?	Yes		No
Child lives with :	Both Parents		Mother		Father		Other Individual
If “other individual”, please indicate Name						Relationship to Child	
Is this student Hispanic/Latino ethnicity? ___Yes ___No			Race: Check all that apply. ___American Indian ___Asian ___Black ___Pacific Islander ___White				

#### Father/Guardian Information:

Prefix:		First Name		Last Name	
Address if different		City		State, Zip	
Home Tel. # if different		Work Tel. #		Cell #	
Occupation		Employer		E-mail address	

#### Mother /Guardian Information:

Prefix:		First Name		Last Name		Maiden Name	
Address if different		City		State, Zip			
Home Tel. # if different		Work Tel. #		Cell #			
Occupation		Employer		E-mail address			

#### Other children in family:

Name	Age	Grade	School attending

