

Circle Grade Level:
PreK 3: 2 3 5 Half Days
M, T, W, TH, F

PreK 3: 2 3 5 Full Days
M, T, W, TH, F

PreK 4: 5 Half Days
Or 5 Full Days

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 2019 – 2020

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:

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

Please specify if a language other than English is spoken at home:				
How did you hear about this school?	Website	Advertisement	Friends/Family	Other (please specify):

RELIGIOUS INFORMATION:

Religion of: Student		Father		Mother		Guardian	
----------------------	--	--------	--	--------	--	----------	--

If Catholic, please list the parish(es) or church your family is registered with or regularly attends:

Parish/Church		Town	
---------------	--	------	--

If Catholic, does your family contribute to your parish via the envelope system?				Yes		No	
If yes, envelope #							

If Catholic, please provide the following information concerning the applicant:

Baptismal Date:		Name of Church		Town, State	
First Communion Date:		Name of Church		Town, State	
Confirmation Date:		Name of Church		Town, State	

If not Catholic, please note denomination:	
--	--

ACADEMIC BACKGROUND: Please list all schools the applicant has previously attended.

Has your child ever repeated a grade?	Yes		No	
Has your child ever been expelled from or refused admission or readmission to any school?	Yes		No	
Has your child ever received or been evaluated for Special Education Services in a private or public setting?	Yes		No	
Has your child ever undergone psycho-educational testing?	Yes		No	
Do you give permission for the release of psycho-educational testing records?	Yes		No	

Name and address of tester:	
-----------------------------	--

If you answered yes to any of the questions above, please explain here:	
---	--

Why are you choosing a Catholic education for your child? What are your expectations for the faith-based education your child will be receiving?	
--	--

I intend to continue my child's education at Southington Catholic beyond the current year. Circle one	Yes	No
---	-----	----

I hereby give Southington Catholic the right to contact any previously attended school in regards to my child. I hereby authorize said school to supply any and all information requested. I release all persons, companies and corporations supplying and receiving such information to Southington Catholic, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including this application is true. I understand that if it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion.

--	--	--	--

Parent or Guardian Signature Date Parent or Guardian Signature Date

Southington Catholic is a Catholic school that accepts students from different religious, racial, and ethnic backgrounds.