



# St. Isidore School

## ADMISSION APPLICATION

**603 West Broad Street, Quakertown, PA 18951**

**PHONE: (215) 536-6052 FAX: (215) 536-8647 www.stisidoreschool.com**

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Applicant: \_\_\_\_\_  
Last First Middle Goes By (Sex)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ e-mail address: \_\_\_\_\_  
(will be used for school communications)

Public School District in which applicant resides: \_\_\_\_\_

Does this applicant have any other last name, which might appear on school records? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Applying for grade: \_\_\_\_\_ School Year: \_\_\_\_\_ Present School: \_\_\_\_\_

Has this applicant previously applied to St. Isidore School? \_\_\_\_\_ If so, what grade(s)? \_\_\_\_\_

Are other siblings applying this year? \_\_\_\_\_ If so, what grade(s)? \_\_\_\_\_

Does applicant have a sibling(s) currently enrolled at St. Isidore School? \_\_\_\_\_ If so, what grade(s)? \_\_\_\_\_

### **CULTURAL HERITAGE OF APPLICANT:** please check all that apply

\_\_\_\_\_ Asian American \_\_\_\_\_ African American \_\_\_\_\_ Hispanic American \_\_\_\_\_ American Indian

\_\_\_\_\_ Caucasian (Anglo) \_\_\_\_\_ Multi-Race \_\_\_\_\_ Non-American: (please specify) \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, visa status \_\_\_\_\_

### **RELIGIOUS INFORMATION OF APPLICANT (IF CATHOLIC):** Baptismal Certificate Required upon registration

Parish: \_\_\_\_\_

Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date

First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Penance: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parents are: (Check one that applies)

\_\_\_\_\_ married \_\_\_\_\_ divorced: \_\_\_\_\_ separated \_\_\_\_\_ deceased: \_\_\_\_\_ mother \_\_\_\_\_ father

Applicant resides with: (Check all that apply)

\_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ step-father \_\_\_\_\_ step-mother \_\_\_\_\_ guardian

Send all correspondence to:

\_\_\_\_\_ Home address of applicant \_\_\_\_\_ Father's Business Address \_\_\_\_\_ Mother's Business Address

Last name (if different from applicant): \_\_\_\_\_

Who has legal custody of applicant: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

If this applicant is accepted, financial obligations will be assumed by:

\_\_\_\_\_ Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other: specify \_\_\_\_\_

**Father or Guardian:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address (if different from applicant)

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position/Occupation

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Business Telephone

\_\_\_\_\_  
Business e-mail

**Mother or Guardian:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address (if different from applicant)

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position/Occupation

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Business Telephone

\_\_\_\_\_  
Business e-mail

**IDENTIFIED SPECIAL NEEDS OF APPLICANT:**

Applicant has: (Check that which applies)

\_\_\_\_\_ Physical handicap, medical condition, special current or recurrent illness of which school should be informed. Please attach.

\_\_\_\_\_ Diagnosed learning disability: (Diagnosed by): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Attention Deficit/Hyperactivity Disorder: (Diagnosed by): \_\_\_\_\_ Date: \_\_\_\_\_  
Description: include types and dosages of medication if applicable and intervention strategies currently being implemented.

Has this applicant ever been tested or counseled by a psychologist or psychiatrist? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

• All results of educational/psychological evaluations must be submitted with this application

Please provide any other information, regarding the child's educational background or social development that the school should know in order to evaluate its ability to serve the child's needs.

**STATEMENT OF ACCURACY AND AUTHENTICITY:**

Please read and sign

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to the principal any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, the school reserves the right to revoke admission of this applicant.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian Date