

Notre Dame Catholic School

1095 Commercial Way, Spring Hill, FL 34606

Phone: 352-683-0755 Fax: 352-683-3924

Web address: www.ndischool.org

E-mail: notredame@ndischool.org

Application for Admission

PLEASE PRINT

Section I

Date: _____

Family Name: _____

Address: _____

City/State: _____ Zip Code _____

Home Phone: (____) ____ - _____ Parish: _____

Email Address: _____

Language spoken at home: _____

When sending mail, address to (circle one)?

Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. Mr./Dr. Other: _____

Parents/Guardian Living with the Child/Children

Section II

Parent/Guardian I

Name: _____

Relationship to Student: _____

Business: _____

Bus. Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Religion: _____

Marital Status: Mar/Sgl/Sep/Div

Parent/Guardian II

Name: _____

Relationship to Student: _____

Business: _____

Bus. Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Religion: _____

Marital Status: Mar/Sgl/Sep/Div

If there is a divorce or separation in the child's family, it is imperative that you submit this information to the school office if applicable to your situation:

- The school retains a copy of the divorce decree and or custody agreement to be placed in the child's permanent file.
- Complete Section V on page 3 of this application

Parent/Guardian Signature

Parent/Guardian Signature

Section III

Student Information

Student Legal Name: _____ Gr. currently attending _____
Sex: M/F Date of Birth: ____/____/____ (must see original birth certificate)
Ethnic Background: _____
Religion: _____
Name of School/Preschool Program Attended: _____
If enrolled in Preschool was it VPK: Y/N
Health Cert. Received: Y/N Immunization Received: Y/N
Attended Notre Dame before: Y/N If yes what year _____
S. S. No. ____-____-____ (must make copy of original)
My child has been tested for special learning needs. Y ___ N ___
If yes my child is currently enrolled in: _____
My child has received services from a resource teacher. (Title I, learning specialist) Y ___ N ___
My child has received modifications to the curriculum. Y ___ N ___
Baptism: Y/N Date: ____/____/____ Certificate Y/N
Place Performed: _____
Reconciliation: Y/N Date: ____/____/____ Certificate Y/N
Place Performed: _____
1st Comm.: Y/N Date: ____/____/____ Certificate Y/N
Place Performed: _____
Confirmation: Y/N Date ____/____/____ Certificate Y/N
Place Performed: _____

Section IV

In the event of an emergency, if you are unable to reach me, please contact one of the following two people:

Name: _____ Relationship: _____
Address: _____ Phone: (____) ____ - ____

Name: _____ Relationship: _____
Address: _____ Phone: (____) ____ - ____

Doctor: _____ Phone (____) ____ - ____
Address: _____

Comments: _____

Section V

Please provide the following information for the child's/children's parent not currently living in the house:

Name: _____

Relationship to the student _____

Address: _____

City/State: _____ Zip: _____

Home Phone: (____) ____ - _____

Bus. Phone: (____) ____ - _____

Religion: _____

Marital Status: _____

Name: _____

Relationship to the student: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: (____) ____ - _____

Bus. Phone: (____) ____ - _____

Religion: _____

Marital Status: _____

Comments: _____

Section VI

All new students, after meeting with the principal and formally accepted, will be enrolled for a probationary period of 90 days to ensure that there is compliance with all school policies. The administration will have final say regarding all new students and their probationary status.

I certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying application and/or dismissal from school.

Parent/Guardian Signature _____ Date _____

Parent Guardian Signature _____ Date _____