

# CHARLOTTESVILLE CATHOLIC SCHOOL

## APPLICATION FOR ADMISSION

Complete and return one application per student. Please include the application fee (non-refundable) as follows:  
\$100 for 1 applicant OR \$175 per family for 2 or more applicants

For each kindergarten through eighth grade applicant, we ask that you complete the attached Transcript Request Form (this form is not necessary for pre-K applicants). Applications for the following school year are accepted October 1-February 1 and will be considered for the first round of new enrollment contracts in mid-March. Any applications received after February 1 will be considered as spaces become available.

**Please print:** Applying for academic year: 20\_\_ - 20\_\_ Applying for grade: \_\_\_\_ Today's Date: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ M\_\_ F\_\_ Applicant's Religion: \_\_\_\_\_

Name Preferred: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip County

Home Phone #: \_\_\_\_\_ Name of Family's Church: \_\_\_\_\_

Does applicant have siblings currently attending Charlottesville Catholic School? \_\_\_\_\_

Are parents separated? \_\_\_\_\_ divorced? \_\_\_\_\_ If yes, with whom does applicant live? \_\_\_\_\_

Who has legal custody? \_\_\_\_\_ Person responsible for tuition payment: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from applicant's): \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from applicant's): \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Applicant's Medical Information:**

Does your child have any special medical needs or chronic conditions of which the school should be aware? \_\_\_\_\_

### **Applicant's Educational History:**

Name and address of school currently attending: \_\_\_\_\_

Does your child have an IEP or identified special learning needs? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has this applicant been suspended, dismissed or expelled from any other school? \_\_\_\_\_

If yes, please discuss with CCS administration.

**Signature of a parent or legal guardian:** \_\_\_\_\_

**CHARLOTTESVILLE CATHOLIC SCHOOL  
TRANSCRIPT RELEASE FORM**

**CCS REQUESTS COMPLETE STUDENT TRANSCRIPTS SO THAT WE MAY REVIEW OUR APPLICANTS' ACADEMIC HISTORY WHEN CONSIDERING THEM FOR ENROLLMENT IN OUR SCHOOL. THEREFORE, OUR REQUEST FOR TRANSCRIPTS IS NOT NECESSARILY AN INDICATION THAT THE STUDENT HAS BEEN ACCEPTED TO OUR SCHOOL OR IS LEAVING HIS OR HER CURRENT SCHOOL.**

**Parent or Guardian:** In order to obtain your child's complete transcript for our records, please complete this form and return it to Charlottesville Catholic School.

**NAME OF STUDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP

**DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP

**SCHOOL PHONE:** \_\_\_\_\_ **SCHOOL FAX:** \_\_\_\_\_

**INFORMATION TO BE RELEASED:**

- All scholastic records
- All standardized test scores
- All health records
- Other: Any additional Educational/Psychological Tests, including confidential data.

**AUTHORIZATION STATEMENT AND SIGNATURE:**

I authorize \_\_\_\_\_ School to release the requested information  
(NAME OF SCHOOL)

above to Charlottesville Catholic School.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PLEASE MAIL THE REQUESTED DOCUMENTS TO:**

Charlottesville Catholic School  
Attn: Ann Michel, Admissions Coordinator  
1205 Pen Park Rd.  
Charlottesville, VA 22901  
PH: 434-964-0400 FX: 434- 964-1373