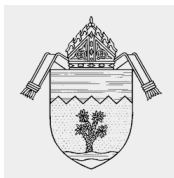




Saint Elizabeth Ann Seton Catholic School
Student Application for Admission
DIOCESE OF LAS VEGAS

 Western Catholic
Educational Association



Date of Application: _____ Application for Grade Level: _____
School Year: _____

STUDENT INFORMATION

Name: _____
Last First Middle

Residence: _____
Street City State Zip

Telephone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Religion: _____ Sex: Male _____ Female _____

Ethnic Origin:

_____ African American _____ Asian/Pacific Islander _____ Caucasian
_____ American Indian/Alaskan Native _____ Hispanic _____ Multi-Racial

Parish: _____

Pastor: _____

Baptism: _____ Yes _____ No

Place: _____

First Holy Communion _____ Yes _____ No

Place: _____

PLEASE COMPLETE ALL SECTIONS.

Provide birth certificate and sacramental certificates along with copies of report cards, standardized tests and progress reports for a minimum of the last two years should be attached. The application fee is due at this time.

PARENT INFORMATION

Father: _____
First Name Last Name

Father's Address: _____

Cell Telephone Number.: _____ Home Telephone Number: _____

Email address: _____

Employer: _____ Occupation: _____ Work Hours: _____

Work Address: _____ Religion: _____

Mother: _____
First Name Last Name

Mother's Address: _____

Cell Telephone Number.: _____ Home Telephone Number: _____

Email address: _____

Employer: _____ Occupation _____ Work Hours: _____

Work Address: _____ Religion: _____

Please circle with whom the student is living:

Both parents Mother Father Step-Father Step-Mother Guardian Foster

Natural Father (if not listed above): **Full Name:** _____

Street Address City State Zip

Have parental rights been revoked? __Yes __No if yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? _____

Natural Mother (if not listed above): **Full Name:** _____

Street Address City State Zip

Have parental rights been revoked? __Yes __No if yes, documentation must be supplied

Natural/Step/Guardian/Foster: Is this parent to receive reports? _____

ACADEMIC HISTORY

LIST ALL SCHOOLS PREVIOUSLY ATTENDED

Name: _____

City/State: _____ How long enrolled at present school? _____

Reason for leaving current school _____

Reason for leaving previous school _____

Name: _____ City/State: _____ Grade(s) Enrolled: _____

Name: _____ City/State: _____ Grade(s) Enrolled: _____

Name: _____ City/State: _____ Grade(s) Enrolled: _____

Does your child perform academically at grade level? ___Yes ___No ___Above ___Below

Has applicant ever received special services within the school day? (LD, BD, ED, ADHD, ADD, Speech, IEP, etc? - _____Yes _____No

Please explain and supply documentation: _____

Please describe any special needs or services you would expect from SEASCS: _____

Please describe any academic, medical (including mental health services/counseling) or personal information SEASCS should be aware of: _____

Please describe any special needs or services you would expect from this school: _____

Saint Elizabeth Ann Seton Catholic School Student Application for Admission

Honors/ Awards: _____

Extracurricular Activities _____

Hobbies/ Special Interests: _____

Sibling Information

<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>School</u>
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<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>School</u>
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<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>School</u>
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For Office Use:

_____ Birth Certificate

_____ Report Cards/ Standardized Tests

_____ Baptismal Certificate

_____ Immunization Record/ _____ Health Card

_____ First Holy Communion Certificate

_____ Admissions form _____

FEES DUE AT ACCEPTANCE

_____ Application Fee _____ Registration _____ Development Fund Fee (new families)

_____ Consumable Fee

Saint Elizabeth Ann Seton Catholic School Student Application for Admission

REGISTRATION/ADMISSION POLICY:

**Registration
Order of Admission:**

St. Elizabeth Ann Seton Catholic School may have fewer openings at any given grade level than applications.

I. A registered active member of the parish shall be defined as follows:

An individual who has formally registered *by completing the parish registration form and turning it into the parish office*. This will insure that they receive all parish mailings, as well as the weekly offertory envelopes or electronic communication. A registered parishioner will remain active and participating by making regular meaningful and identifiable contributions according to their means (*using the parish tithe envelopes or using checks or electronically*). Whenever possible, a parishioner should take part in community-building parish functions and share their abilities and talents through ministry.

In order to receive the subsidized parishioner rate tuition or tuition assistance in SEASCS:

- ◆ Attending Sunday Mass at St. Elizabeth Ann Seton Roman Catholic Church with my child/children.
- ◆ Contribute a minimum of \$500 in the prior calendar year (January to December).
- ◆ Participating in purchasing a minimum of five (5) Boo Bash Festival Raffle ticket books.
- ◆ Volunteering a minimum of three hours during the annual Boo Bash Festival
- ◆ Volunteer stewardship hours of 20 annually.

St. Elizabeth Ann Seton Catholic School and the Catholic Schools of the Diocese of Las Vegas are operated as an exempt school under the provisions of NRS 349.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."

In effect, the Catholic Schools of Las Vegas are recognized by the State of Nevada as alternatives to public schools but are not subject to the licensing requirements of the State. Exempt schools are required to provide a curriculum equivalent to that is required for public schools and that follows the state curriculum standards. Instruction time, length of day and school must meet state requirements. The schools are required to comply with all applicable state, county and local health, safety and fire inspections and laws, ordinances and regulations including those relating to fire emergency drills, vehicles, immunization of pupils, and crisis management.

I certify that the above information given is true and correct, and I understand that withholding or falsifying information on the application will be cause for immediate dismissal.

We have read and understand the Admission/Registration Policy.

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Once a family is called for enrollment, the assessment fee will be due and the student will be administered a SEASCS adopted placement test based on their current grade level.