

**Statement of Confidentiality:**

It is the policy of this school that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

**Non Discrimination Policy:**

St. Patrick School will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

**Please submit this completed application along with the non-refundable fee of \$100 per child  
(Make check/money order payable to St. Patrick School.)**

**Upon receipt and review of completed application materials,  
all applicants will be informed of their acceptance status.**

**Contact Us**

St. Patrick School  
Mrs. Jill Gould, Principal  
701 S. Church Street  
Wentzville, MO 63385  
Phone: (636) 332-9913  
Fax: (636) 887-2065  
www.stpatrickwentzville.org



# New Student APPLICATION

## 2019-2020 School Year

**For Office Use Only**

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Received by: \_\_\_\_\_  
 Application Fee Paid: \_\_\_\_\_  
 Family Account #: \_\_\_\_\_  
 Tuition Assistance:  Yes  No  
 T&T  AAS  ACA  Other  
 Received:  
 Transcripts  
 Birth Certificate  
 Discipline Record  
 Immunizations  
 Baptismal Record, if Catholic  
 Sibling Consideration  
 Name(s) of Sibling(s) Attending:  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade Applying To:  PS  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  
 PK  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Please complete the entire form. Please print legibly.  
 If you have any questions regarding this form, please contact  
 Mrs. Jill Gould, Principal, or Mrs. Valerie Langford, Secretary, at (636) 332-9913

STUDENT INFORMATION			
Legal LAST Name	Legal FIRST Name	MIDDLE Name	Preferred FIRST Name
Home Address (Number, Street, Apt. #)			
City / State / ZIP		Home Phone ( )	
Date of Birth (Month/Day/Year) ____/____/____	Student's Social Security Number (Optional) ____-____-____	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (City, State and Country if not the US)		Primary Language Spoken at Home	
Student's Religion	Church Attending (if applicable)	Pastor	
Describe the family situation (check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (Father/Mother/Both) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Father has custody* <input type="checkbox"/> Mother has custody* <input type="checkbox"/> Joint custody* <input type="checkbox"/> Guardian has custody* <i>*If applicable, please submit a copy of the court-mandated parenting plan with the application.</i>			
Student lives with (please check all that apply): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other: _____			
The following information is optional (check all that apply for the student) <input type="checkbox"/> Amer. Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pac. Island <input type="checkbox"/> White <input type="checkbox"/> Other: _____			
Public School District in Which the Family Resides		Public School Student Would Attend in District	
SCHOOL BACKGROUND OF STUDENT (Include Preschool)			
Name of School	Address	Grade(s)	Reason for Leaving

SIBLING INFORMATION					
Name	Birth Date	Grade in 2018-19	School Attending (indicate if applying here)		
PARENT / GUARDIAN INFORMATION					
<input type="checkbox"/> Person responsible for tuition					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		
PARENT / GUARDIAN INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		
STEP-FATHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		
STEP-MOTHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		
GRANDPARENT INFORMATION					
Paternal Grandparent(s) Name(s)					
Home Address			City / State / ZIP		
Maternal Grandparent(s) Name(s)					
Home Address			City / State / ZIP		

FAMILY NAME \_\_\_\_\_

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN – TWO ARE REQUIRED)		
<i>By listing a person as an Emergency Contact, they are also allowed to pick up the student from school.</i>		
Name	Relationship to Student	Phone(s)
#1 (required)		(   )
#2 (required)		(   )
#3 (optional)		(   )
#4 (optional)		(   )
<p><b>In case of accident or serious illness where I and the people designated above are unable to be reached, I hereby authorize the school to call the physician or dentist listed and to follow his/her instructions. If the physician or dentist is unable to be contacted, the school may make whatever arrangements are deemed necessary.</b></p> <p>_____</p> <p>Parent/Guardian signature                      Print name                      Date</p>		
ADDITIONAL INFORMATION		
<p>Has this student ever been evaluated for:</p> <p><input type="checkbox"/> Learning Disability                      <input type="checkbox"/> Behavioral Disorder                      <input type="checkbox"/> Speech Therapy                      <input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Occupational Therapy                      <input type="checkbox"/> Language Disability                      <input type="checkbox"/> Counseling (individual)                      <input type="checkbox"/> Counseling (family)</p> <p>Date of evaluation, if checked above: _____ Place: _____</p> <p>Name of evaluator: _____</p> <p>Diagnosis(es): _____</p> <p>_____</p>		
<p>Does this student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Implemented: _____</p> <p><i>If "yes," we will need a copy of the IEP for our records.</i></p>		
SACRAMENTAL INFORMATION (CATHOLIC STUDENTS)		
Sacrament	Date	Parish
Baptism		
First Reconciliation		
First Communion		
Confirmation		
<p><b>Please briefly indicate why you are seeking to enter your child in this school:</b></p> <p> </p> <p> </p> <p> </p>		
<p><b>To the best of my/our knowledge, the above information is true and correct. (Parent(s)/guardian(s) are reminded that misrepresenting this information will hinder the school's ability to adequately care for the student.)</b></p> <p>_____</p> <p>Parent/Guardian signature                      Print name                      Date</p>		

CONTINUED ON REVERSE -