

## APPLICATION FOR ADMISSION

Application Deadline: 2 / 2 / 24

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Entering Grade: \_\_\_\_\_ Female ☐ Male ☐ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student's home phone: \_\_\_\_\_ Parent's email address: \_\_\_\_\_

Student resides with: Both parents ☐ Mother ☐ Father ☐ Grandparents ☐ Other: \_\_\_\_\_

### Sacraments (include location and dates)

Baptism: Yes ☐ No ☐ Church: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reconciliation: Yes ☐ No ☐ Church: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Communion: Yes ☐ No ☐ Church: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation: Yes ☐ No ☐ Church: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Where does your family attend Mass on Sunday: \_\_\_\_\_

Describe your family's involvement at St. Bonaventure Parish (CCD, Ministries, etc.):

Does the student attend CCD / Religion classes? Yes ☐ No ☐ Where? \_\_\_\_\_

Name of school currently attended by student: \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Is your child enrolled in an Exceptional Student Education (ESE) program (e.g., speech, SLD, gifted, etc.) or does your child have special needs? If yes, briefly explain and please include current IEP or copies of evaluations. \_\_\_\_\_

List all languages spoken at home and understood by the student \_\_\_\_\_

Why do you want your child to attend St. Bonaventure Catholic School? \_\_\_\_\_

Please describe your child as objectively as you can. What are the child's strengths and weaknesses at home and as a student at school? What special abilities does your child have (i.e., athletic, artistic, musical, academic)?

Does the student have any illness, disease, or physical disability which affects the general health of the student, school performance, or participation in the athletic program of the school? Please include health conditions, such as diabetes or allergies, so we can be sensitive to the student's needs.



Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Siblings: An application must be submitted for each child applying to St. Bonaventure. We cannot guarantee that spaces will be available for all siblings to start in the same school year. Would you be willing to separate your children?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Application on file? Yes ☐ No ☐

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Application on file? Yes ☐ No ☐

St. Bonaventure is neither a public nor a private school. We are a Catholic School for the community of St. Bonaventure. Registration for our school is through a registration interview and completion of all required paperwork. During the application process the following criteria is used to evaluate new and continuing students:

- The length of registered membership in St. Bonaventure Parish.
- The regular practice of the Catholic faith by the entire family.
- The degree of activity of family in the various parish ministries.
- The regular support of St. Bonaventure Church in proportion to the means of the family (determined through church envelopes and involvement in pledge programs).
- The participation of siblings in our Religious Education program.
- The factor of having siblings currently enrolled at St. Bonaventure Catholic School.
- The transfer of students from other Catholic schools or of qualified students from parishes which do not have their own parish school.
- Student meeting or exceeding current grade level skills.

I have read and understand the criteria for admission to St. Bonaventure Catholic School:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**REQUEST FOR STUDENT INFORMATION**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission to: \_\_\_\_\_  
(School Name and Address)

for the release of school information concerning my child to St. Bonaventure Catholic School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
(to be completed by previous school)

To the Principal, Counselor, or Teacher:

The above named student has applied for admission to St. Bonaventure Catholic School. Please complete this form, attach a copy of the student's most recent standardized test results, and it mail to the attention of Lisa Kempinski, Principal. Parents may not "hand deliver" this form to St. Bonaventure Catholic School.

The information provided on this form will only be used in the admission process and will not become a part of the student's permanent record. This data will be used to compare the above named student with other qualified candidates.

Thank you for your assistance.

We would appreciate your realistic observations in the areas listed below.

**Leadership**

- ☐ Positive influence
- ☐ Usually a follower
- ☐ Negative influence

**Cooperation**

- ☐ Usually cooperative
- ☐ Sometimes cooperative
- ☐ Uncooperative

**Dependability**

- ☐ Dependable
- ☐ Sometimes dependable
- ☐ Does not meet obligations

**Emotional Stability**

- ☐ Well balanced and mature
- ☐ Maturity consistent with age
- ☐ Maturity below grade level

**Relation of Achievement to Ability**

- ☐ Overachiever
- ☐ Average achiever
- ☐ Underachiever



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Grade Level Equivalent: Reading \_\_\_\_\_ Math \_\_\_\_\_

General Citizenship: Outstanding ☐ Adequate ☐ Needs Improvement ☐

Has the student been enrolled in any ESE programs? Yes ☐ No ☐

Has the student ever been involved in acts of dishonesty? Yes ☐ No ☐

Has the student ever been suspended? Yes ☐ No ☐

Has the applicant been expelled from your school? Yes ☐ No ☐

Comments: \_\_\_\_\_

Standardized Test Results: Attached ☐ No testing available ☐  
Please be sure to attach previous report card.

Do the parents of the student:	Always	Most of the time	Rarely
Show support for the school by volunteering?	_____	_____	_____
Cooperate with the teacher in the areas of homework and academic assistance?	_____	_____	_____
Meet their financial obligations to the school? (Not applicable for public schools)	_____	_____	_____

Please add any additional comments that you feel would be helpful in our evaluation of the applicant.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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

School \_\_\_\_\_

Address \_\_\_\_\_ City / State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_



Thank you for considering St. Bonaventure Catholic School for your child's education. Please complete the attached application and return to the main office at 1301 SW 136th Avenue, Davie, FL 33325 or email to [registrar@stbonaventurechurch.com](mailto:registrar@stbonaventurechurch.com). Use the following checklist to make sure your application is complete.

- \_\_\_ \$25 Application Fee (non-refundable)
- \_\_\_ St. Bonaventure Parish registration number required. If you are not registered in our parish, please write the name of the parish you attend
- \_\_\_ Two letters of recommendation from a pastor, current SBS families, previous educators
- \_\_\_ Last report card
- \_\_\_ Standardized test scores, grades 2-8
- \_\_\_ Individualized Education Plans, if applicable
- \_\_\_ Request for Student Information form (white header) completed & sent by the previous school directly to St. Bonaventure
- \_\_\_ Attach a Family photo (4x6) to the upper left corner of this application

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL  
REQUIRED INFORMATION ATTACHED. DEADLINE FOR ALL  
APPLICATIONS IS FEBRUARY 2, 2024.

