



Saint Zachary Catholic School

Building a Foundation for Faith, Family, and Academics

Application for Admission

Admission Process

Submit these items for admission review:

- Please complete one form for each child applying.
- Include the original birth certificate and a copy of a baptismal certificate (Catholic).
- Report cards from previous school should be included for transfer applicants, grade 1 through 7.
- Tuition Scholarships are available, see page 2 or contact the principal.
- Vaccination records are due on or before the first day of school.
- A non-refundable Registration Fee per family should accompany your application.
 - Registration Fees are as follows:
 - \$300 if submitted on or before 3/31/21
 - \$400 if submitted after 4/1/21



Applicant Information:

Please complete one form for each child applying. Thank you.

Applying for Grade _____ Academic Year _____

Student name (last, first, middle) _____ Nickname, if any _____

Male Female

Date of birth _____ Place of birth (city, state or country) Address _____

Phone Number _____ Religion _____

Baptismal information *if applicable* (date, church, city and state) _____

Last school attended (name, city and state) _____

Race:
 American Indian or Alaska Native Asian Black or African American Hispanic or Latino
 Middle Eastern Native Hawaiian or other Pacific Islander White Two or more races

Primary language spoken at home _____ Secondary language spoken at home _____

Medical or surgical conditions we should be aware of: yes no

If yes, please explain _____

Family Information:

Primary Email _____ Primary Phone Number _____

Parent/Guardian #1 Name _____ Cell Phone _____

Email _____

Occupation _____ Employer _____ Work Phone _____

Parent/Guardian #2 Name _____ Cell Phone _____

Email _____

Occupation _____ Employer _____ Work _____

Phone Student lives with: Both parents Mother Father

If applicant does not live with both parents in one household, please describe living arrangements: _____

School District Number 59 62 Other (please specify) _____

Public school student would attend: _____

Who will be financially responsible for the education of this child? _____

Would you like us to send you information about Tuition Scholarships? Yes No (applying for a Tuition Scholarship has no bearing on admissions decisions)

Please indicate to whom all school communications should be directed: Mr. & Mrs. Mr. Ms. Miss Other

Sibling Information:

1. Sibling's Full Name _____

Birth Date _____ Grade _____ Current School _____

2. Sibling's Full Name _____

Birth Date _____ Grade _____ Current School _____

School Information:

Student's Current School/Preschool _____ Current _____

Grade Dates Attended _____

School's Address _____ School's Phone _____

How did you hear about St. Zachary School? _____

Parishioner Status:

Are you a St. Zachary Parishioner? Yes No If no, please list Parish name: _____

Submission:

Non-refundable Registration Fee per family is enclosed. A copy of the most recent report card is enclosed. (for grades 1-7 only)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

St. Zachary School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, tuition scholarships, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.

Program Selection on next page >

Program Selection:

Please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission. Enrollment in a specific classroom is not guaranteed.

Early Childhood

Child must be 3 or 4 years old by September 1st of the beginning of the school year.

_____	3 & 4 year old Preschool Combined Morning Class	Monday through Friday (8:00 AM - 10:45 AM)
_____	3 & 4 year old Preschool Combined Afternoon Class	Monday through Friday (12:15 PM - 3:00 PM)
_____	3 year old Full Day Prekindergarten Program	Monday through Friday (8:00 AM - 3:00 PM)
_____	4 year old Full Day Prekindergarten Program	Monday through Friday (8:00 AM - 3:00 PM)

Kindergarten Program

Child must be 5 years old by September 1st.

_____	Full Day Program	Monday through Friday (8:00 AM - 3:00 PM)
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For office use only:

Date Received _____ Check # _____

Check Amount _____ Parishioner Status _____

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