

Education

School last attended: _____ Reason for leaving: _____

School Address: _____ State: _____ Zip: _____

Has the student previously been enrolled at St. Xavier? _____ Yes _____ No Grade: _____

Has the student ever repeated a grade? _____ Yes _____ No

Is the student presently being tutored? _____ Yes _____ No Subject area of tutoring: _____

Has the student ever been enrolled or recommend for placement in any special education classes: _____ Yes _____ No

____ Learning Disability ____ Physical Disability ____ Behavioral/Emotional Disorder ____ ADD/ADHD ____ Speech ____ Counseling

Has the student ever been suspended from any school or asked to leave? _____ Yes _____ No If yes, please explain: _____

Siblings in family presently attending St. Xavier:

1. Name _____ Grade: _____ 3. Name _____ Grade: _____

2. Name _____ Grade: _____ 4. Name _____ Grade: _____

If you speak a language other than English at home, please list: _____

Sacraments Received (If Catholic)

Baptism date: _____ Parish: _____ City: _____ State: _____

Reconciliation date: _____ Parish: _____ City: _____ State: _____

Holy Eucharist date: _____ Parish: _____ City: _____ State: _____

Confirmation date: _____ Parish: _____ City: _____ State: _____

What is your primary reason for making application to St. Xavier School? _____

If your child has not made their sacraments, are you interested in them doing so? _____ If yes, what sacrament are you interested in? _____

PLEASE READ IMPORTANT INFORMATION BELOW BEFORE SUBMITTING APPLICATION

The following documents must be submitted before enrollment.

1. Kansas Certificate of Immunization (KCI)
2. A copy of the student's Birth Certificate.
3. If Catholic, a copy of the student's Baptismal Certificate.
4. A copy of the student's Social Security Card.
5. Any Legal / Custodial Documentation
6. A non-refundable registration fee of \$100.00 per family made payable to St. Xavier Catholic School.

I understand and acknowledge that St. Xavier Catholic School may deny admission at any time if it determines that enrollment of the child in St. Xavier Catholic School would not be appropriate. I understand and acknowledge that St. Xavier Catholic School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of St. Xavier Catholic School.

Signature of Parents or Guardian

Date of Application