



Application for Admission

Thank you for applying to St. Edith Catholic School. Please fill out and return all the information below and the paperwork in the 2021-2022 New Student Registration Packet. Your Application for Admission will be reviewed by our administration. The \$300.00 per student registration fee will be held until your application has been approved. If your Application for Admission has been declined, your \$300.00 registration fee will be returned. Once your application has been approved, you will be sent the information to officially enroll on **Gradelink** and **FACTS Tuition Management**. If you have any questions, please contact the school office at 734-464-1250 or Mrs. Georgene Wojciechowski, Principal, via email: gwojciechowski@stedith.org.

The decision of the administration for admission is final.

I understand if there is any discrepancy between the information provided by me below and my child's school CA-60 records, my child may be declined enrollment in St. Edith Catholic School. Please initial: _____

Student Last Name: _____ Student First Name: _____ Entering Grade: _____

Male: ___ Female: ___ Birthdate: _____ City and State of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Phone Number: _____ Father's Phone Number: _____

Religion: Catholic: ___ Other: _____ If Catholic, what parish are you registered: _____

Has your child ever repeated any grade? No: ___ Yes: ___ Which Grade?: _____ Race: _____

Has your child ever been expelled, suspended or dismissed from a school? No: ___ Yes: ___

Has your child ever received supportive services? No: ___ Yes: ___ If yes, please list support services:

1. _____ 2. _____ 3. _____ 4. _____

Has your child had any behavioral, psychological, or educational evaluation? No: ___ Yes: ___ If yes, when and by whom: _____

Does your child have an IEP/504? No: ___ Yes: ___

Please list the last school your child attended: _____

Has your child ever been placed on academic probation? No: ___ Yes: ___ If yes explain: _____

Does the applicant require any special curricular or classroom modifications? No: ___ Yes: ___ If yes explain: _____

****Please provide documents relating to special services to St. Edith Catholic School at the time of turning in this document.**

Mother's Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____

Email: _____

Employer: _____

Job Title: _____

Religion/Church Affiliation: _____

Father's Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____

Email: _____

Employer: _____

Job Title: _____

Religion/Church Affiliation: _____

Were you referred to St. Edith Catholic School by a current school family? Please list: _____

Signature: _____ Date: _____

Please list any other new students on the back of this form who will be attending St. Edith Catholic School in the fall of 2021.

Application for Admission Additional Students

Student 2:

Student Last Name: _____ Student First Name: _____ Entering Grade: _____

Male: ___ Female: ___ Birthdate: _____ City and State of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Phone Number: _____ Father's Phone Number: _____

Religion: Catholic: ___ Other: _____ If Catholic, what parish are you registered: _____

Has your child ever repeated any grade? No: ___ Yes: ___ Which Grade?: ___ Race: _____

Has your child ever been expelled, suspended or dismissed from a school? No: ___ Yes: ___

Has your child ever received supportive services? No: ___ Yes: ___ If yes, please list support services:

1. _____ 2. _____ 3. _____ 4. _____

Has your child had any behavioral, psychological, or educational evaluation? No: ___ Yes: ___ If yes, when and by whom: _____

Does your child have an IEP/504? No: ___ Yes: ___

Please list the last school your child attended: _____

Has your child ever been placed on academic probation? No: ___ Yes: ___ If yes explain:

Does the applicant require any special curricular or classroom modifications? No: ___ Yes: ___ If yes explain:

****Please provide documents relating to special services to St. Edith Catholic School at the time of turning in this document.**

Student 3:

Student Last Name: _____ Student First Name: _____ Entering Grade: _____

Male: ___ Female: ___ Birthdate: _____ City and State of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Phone Number: _____ Father's Phone Number: _____

Religion: Catholic: ___ Other: _____ If Catholic, what parish are you registered: _____

Has your child ever repeated any grade? No: ___ Yes: ___ Which Grade?: ___ Race: _____

Has your child ever been expelled, suspended or dismissed from a school? No: ___ Yes: ___

Has your child ever received supportive services? No: ___ Yes: ___ If yes, please list support services:

1. _____ 2. _____ 3. _____ 4. _____

Has your child had any behavioral, psychological, or educational evaluation? No: ___ Yes: ___ If yes, when and by whom: _____

Does your child have an IEP/504? No: ___ Yes: ___

Please list the last school your child attended: _____

Has your child ever been placed on academic probation? No: ___ Yes: ___ If yes explain:

Does the applicant require any special curricular or classroom modifications? No: ___ Yes: ___ If yes explain:

****Please provide documents relating to special services to St. Edith Catholic School at the time of turning in this document.**

Office Notes:

Approval to be admitted to St. Edith Catholic School: _____

Date: _____

Denied entrance into St. Edith Catholic School: _____

Date: _____