

Student Name: _____ Date of Application _____

Grade Entering
2010-2011 School Year



**St. Andrew Catholic Elementary School
2010-2011 School Year
Student Application Form**

**11835 S. 3600 W
Riverton, UT 84065
LLC Series #233**

For information visit our website: www.standrewut.org

Signature of Parent/Guardian

Signature of Parent/Guardian

STUDENT INFORMATION

Student Name (last, first, middle)

Street Address

City, State

Zip

Home Phone Number

Social Security Number

Date of Birth (month/day/year)

Place of Birth (city/state/country)

(Male) (Female)

School Currently Attending/Address

Student's Religion

Name of Church

Church –City, State

If Catholic, is student baptized? Yes No

Parish/City/State/Date of Baptism

Has student received First Communion? Yes No

Parish/City/State/Date of First Communion

Public School District Student Would Attend

Student Ethnicity:	
African-American _____	Native-American _____
Asian _____	Pacific Islander _____
Caucasian _____	Other _____
Hispanic _____	

Student Emergency Information

Emergency Contact 1: **(other than parents)**

_____ Name

_____ Address

_____ Phone

Emergency Contact 2:

_____ Name

_____ Address

_____ Phone

Authorized Pickup: **(other than parents)**

_____ Name

_____ Address

_____ Phone

Authorized Pickup:

_____ Name

_____ Address

_____ Phone

Doctor:

_____ Name

_____ Address

_____ Phone

Hospital of Choice

Special Medical Considerations

Allergies

In case of an emergency, I AUTHORIZE THE SCHOOL TO CALL AN AMBULANCE, PARAMEDICS, OR FIRE DEPARTMENT AND TO FOLLOW THEIR INSTRUCTIONS. THE SCHOOL DOES NOT ASSUME RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME PAYMENT FOR MEASURES TAKEN.

Parent Signature/Date

FATHER/GUARDIAN

Last Name First Name Middle

Father Step-Father Guardian Other

If different than student, Address & Phone:

City/State/Zip

Home Phone
Do you wish to be called in an emergency _____

Occupation

Employer

Employer Address

Work Phone Number

Cell or Beeper Number

Religion

Name of Church/City/State

Father Email

MOTHER/GUARDIAN

Last Name First Name Maiden

Mother Step-Mother Guardian Other

If different than student, Address & Phone:

City/State/Zip

Home Phone
Do you wish to be called in an emergency _____

Occupation

Employer

Employer Address

Work Phone Number

Cell or Beeper Number

Religion

Name of Church/City/State

Mother Email

FAMILY STATUS

Student is living with: Both Mother & Father listed above,

Parents are divorced or separated: Student lives with: _____

Restrictions regarding custody (Court records must be submitted) _____

SIBLINGS

(Last Name, First, Middle)	Birth Date	Siblings attend: other Parochial Schools
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If accepted and enrolled as a student at St. Andrew's School, I agree to have my student's home address and home phone number listed on the following (please initial):

Did your child skip any grades? _____ Repeat any grades? _____

Has your child undergone any evaluative testing either through the school or outside the school?

Yes No Date of testing: _____

Reason for testing: _____

If "Yes," please attach a copy of the report of your child's most recent testing.

Is a language other than English spoken in your home? Yes No

If "Yes," what language? _____ Is the applicant bilingual? _____

Why are you interested in St. Andrew's Catholic Elementary School for your child?

Has the applicant ever been dismissed from school for any reason? _____ Suspended? _____ Asked to withdraw? _____

If "Yes," please explain: _____

OFFICE USE ONLY

Student Name _____

Date Processed _____ Placement Test Date _____

Responsible Parent/Guardian Name _____

FACTS Agreement Number _____

Fees Paid Amount Paid: _____ Check #: _____

Parish Approval Form: Parish: _____

Tuition Level: Regular: _____ Subsidized: _____

PSAS _____ Special Needs: _____

Provide the following documents with this form:

1. Birth Certificate
2. Baptism Certificate
3. Most recent report card
4. Registration Fee of \$25.00 (Non-refundable processing fee)

Be prepared to provide the following upon conditional acceptance:

1. Immunization records
2. Proof of Physical Examination for Kindergarten Students, other grades should have a copy in the school from which you are transferring
3. Signed permission to transfer records

This is a pre-registration form and does not imply acceptance into St. Andrew's School. Return this form to Saint Andrew School Office, 11835 S 3600 W, Riverton, UT 84065. For questions contact us at 801-984-7500.