



Diocese of Arlington
Application for School Admission

Holy Spirit Catholic School

Name _____

School Year 20 _____

Applying for Grade _____

If Preschool: 1/2 Day _____ Full Day _____

To be considered for admission, the following documents must accompany this application:

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Completed Application for Admission

Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)

Copy of Sacramental certificates (Baptism, First Communion and First Reconciliation—Catholics only)

Immunization Record

Commonwealth of Virginia School Entrance Health Form (**Must be submitted by AUGUST 1st**)

Completed **Request for Information** form

Completed **Release of Student Records** form

Current year’s report card, including comments, **and** two (2) previous academic year’s report cards (if applicable)

Current standardized test scores plus the two previous years, if available

If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.

Has your child ever had psychoeducational testing? **Yes or No**

If you answered yes, please provide a copy of your student’s **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes,** and/or a **Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)

If applicable, provide a copy of your student’s custody decree.

Non-refundable application fee



Holy Spirit
CATHOLIC SCHOOL

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Student Data

Legal Name: Last _____ First _____ Middle _____ Nickname _____

Sex Male Female

Date of Birth ___/___/___ City, State, Country of Birth _____
(mm/dd/yyyy) (city) (state) (country)

Home Address _____ City _____ State _____ Zip _____

Home Phone - - - - - Email for official school communication _____

Primary language spoken in the home _____ Religion (check one): Catholic Other

For Catholic Applicants

Date Church City and State
Baptism ___/___/___ _____

Reconciliation ___/___/___ _____

First Eucharist ___/___/___ _____

Confirmation ___/___/___ _____

Parish currently registered at: _____

Previous Schools Attended

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Public School System in which student resides _____

Public School Child Would Attend _____



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Family Background

Student Lives with: _____

Mother/Female Guardian

Father/Male Guardian

Full Name _____

Maiden Name _____

Country of Birth _____

Home Address _____

Home City, State,
ZIP _____

Home Phone _____

Home Email _____

Cell Phone _____

Work Phone _____

Work Email _____

Occupation _____

Employer _____

Religion _____

Parish _____

Marital Status
(Circle) _____

Married Separated Divorced*

Widowed Single Remarried

Married Separated Divorced*

Widowed Single Remarried

***Appropriate custody paperwork MUST be attached.**



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Name and Address of person responsible for tuition/fees payment

Name _____ If not a parent or guardian

listed above, please complete:

Home Address _____ City _____ State _____ Zip _____ Phone Number _____ Email _____

Demographic Data

The following information is optional and confidential. This information is used for our applications for Federal Grants and submissions to the National Catholic Educational Association’s annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

Student’s ethnicity: Hispanic/Latino Other

Student’s race: American Indian/Native Alaskan Native Hawaiian/Pacific Islander Black Asian White Multi-Racial

I certify the information provided in this document to be true and accurate to the best of my knowledge.

_____/_____/____ _____
Printed Name of Parent/Guardian Date Signature of Parent/Guardian



Holy Spirit Catholic School
8800 Braddock Road
Annandale, Virginia 22003