



Ascension Catholic School
2001 Woodman Dr.
Kettering, OH 45420
937-254-5411

APPLICATION FOR ADMISSION 2021-2022

Please complete ALL sections on BOTH sides of this application

FOR GRADE _____

CHILD'S FULL NAME _____ DATE OF BIRTH _____
(Last) (First) (Middle) (Preferred First Name) (Month/Day/Year)

ADDRESS _____ CITY/STATE _____ ZIP _____

PLACE OF BIRTH _____ PHONE NUMBER _____ GENDER : [] M [] F
(City) (State)

CHILD'S RELIGION _____ HAS YOUR CHILD BEEN BAPTIZED CATHOLIC YES [] NO []
(Required to complete. Put N/A if no Religion) (Complete Sacramental Info. Below) (Required to complete for Parish Office. Bapt. Cert. MUST be provided.)

ARE YOU A PARISHIONER OF ASCENSION: YES { } NO { } IF YES, MONTH/YEAR: _____ IF NOT, NAME OF PARISH: _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____
(District) (School)

FAMILY EMAIL ADDRESS (Required for school communication): _____

PRESCHOOL ATTENDED (Grade Kdg.) _____ SCHOOL TRANSFERRING FROM (Grades 1-8) _____

PRIMARY LANGUAGE SPOKEN AT HOME _____ PRIMARY LANGUAGE SPOKEN BY STUDENT(S) _____

ETHNIC BACKGROUND (Required for State Reporting Purposes)

Please circle: White Black Hispanic Asian Native American/Native Alaskan Native Hawaiian/Pacific Islander Muti-Racial

ADDITIONAL SUPPORT OR SERVICES CHILD HAS RECEIVED (Circle all that apply) 504 Plan ADD Speech/Language Title I Physical

Other (Explain: _____)

Current IEP/ISP? [] No [] Yes (If yes, copy of current IEP/ISP and ETR required) (See enclosed "Request for Release of Records")

SACRAMENTS: DATE RECEIVED CHURCH NAME AND ADDRESS (Certificate Required for Baptism)

BAPTISM _____

RECONCILIATION _____

FIRST COMMUNION _____

CONFIRMATION _____

FATHER'S INFORMATION: NAME _____

MARITAL STATUS _____ OCCUPATION _____ CELL# _____ WORK# _____

FATHER'S EMAIL _____ EMPLOYER & CITY OF EMPLOYMENT _____

RELIGION _____ HOME PARISH/CHURCH _____

MOTHER'S INFORMATION: NAME _____ MAIDEN NAME _____

MARITAL STATUS _____ OCCUPATION _____ CELL# _____ WORK# _____

MOTHER'S EMAIL _____ EMPLOYER & CITY OF EMPLOYMENT _____

RELIGION _____ HOME PARISH/CHURCH _____

NON-RESIDENTIAL PARENT INFORMATION (Divorced, separated or single parents: Copy of CUSTODY AGREEMENT/ORDER is **required.**)

NON-RESIDENTIAL PARENT NAME _____ MAIN PHONE# _____

HOME ADDRESS _____ EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER & CITY OF EMPLOYMENT _____

GUARDIAN (Other than parent) (Copy of Guardianship order is **required.**) : NAME & RELATIONSHIP TO CHILD _____

STATUS OF CUSTODY: CHILD LIVES WITH (Please check only one of the following descriptions that applies to your child.)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Both Natural/Adoptive Parents | <input type="checkbox"/> Shared Parenting | <input type="checkbox"/> Aunt & Uncle | <input type="checkbox"/> Brother Only |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Mother & Step Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sister Only |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father & Step Mother | <input type="checkbox"/> Legal Guardian | |
| <input type="checkbox"/> Host Family/Foreign Exchange | <input type="checkbox"/> Foster Home | | |

DOCUMENTS NEEDED FOR COMPLETION OF APPLICATION:

(ALL NECESSARY DOCUMENTS AND FEES MUST BE RECEIVED BEFORE ACCEPTANCE)

ADDITIONAL DOCUMENTS NEEDED IF APPLYING FOR

THE OHIO ED CHOICE SCHOLARSHIP

- | | |
|---|---|
| <input type="checkbox"/> 1. Completed Application for Enrollment Form | <input type="checkbox"/> 1. Ed Choice Application |
| <input type="checkbox"/> 2. Reg. fee (\$100.00 ALL new families/\$60.00 ALL returning families <u>due at registration</u>) | <input type="checkbox"/> 2. Proof of Residency, (Within 60 days) |
| <input type="checkbox"/> 3. Technology fee (\$100.00) for single child; or family with two or more children (\$200) <u>due March 19, 2021</u> | <input type="checkbox"/> 3. Letter of Assignment from Public School |
| <input type="checkbox"/> 4. Birth Certificate | |
| <input type="checkbox"/> 5. Baptismal Certificate, (If applicable) | |
| <input type="checkbox"/> 6. Immunization Record/Medical Form | |
| <input type="checkbox"/> 7. Report Cards, Standardized Test Results & Additional Support or Services Received From <u>All Previous School Years</u> , (Grades 1-8) | |
| <input type="checkbox"/> 8. Third Grade State Reading Results (Grade 3) | |