

STUDENT APPLICATION

Pre-K to 8th Grade

		EM ACADEN		Grade Applyin		
				School Year Applying for: Sibling of current student? Yes or No		
STUDENT				Sibility of carr	cire seade.	ne: 163 61 No
						Girl D
	Last Nam	е	First Name	Middle	Name	
Address _						
	Number	St	reet	Apt. N		
_	City	Stat	e Zip Coo	Home Pho	ne ()
	City	Stat	Σίρ ευτ			
Date of Bir	th		Is the student (Catholic: Yes or No		
	Month	Day Year	If not Catholic,	practicing religion if any	/ :	
Ethnicity:		African American o	- Black	Native Hawaiia	an or Pacific I	slander
	Il that apply.	White		Multiracial		
For statistica	l purposes only)	American Indian or	Alaska Native	Hispanic or La	tino	
Student re	sides with:	Mother Fathe	ar Stan-narer	nt	Other	
radent re	Sides With.	Total Tata	orep parer		. Other .	
	GHBORHOOD :		ting purposes only)) <i>:</i>		
Dates	Grades	School			City	State
Dates	Grades	School			City	State
FAMILY					,	
	ou learn about	Visitation Catholic	STEM Academy?			
	ardian's Name			Father/Guardia		
.ocner/ou	a. a.a.i 5 Name	•				
Last Marital Sta	First tus	Middle	(Last Marital Status _	First	Middle
Cell Phone	()			Cell Phone ()	
Work Ph. ()			Work Ph. ()	
E-Mail Add	ress			E-mail Address		
Occupation	1			Occupation		

Will you be applying for Tuition Assistance? Yes or No Applying for Tuition Assistance does not guarantee a Tuition Award.										
APPL:	ICANT'S SIBLINGS:									
		Age		Age						
		Age		Age						
	ISSIONS POLICY									
		my admits students of any rac ion policies, financial policies,		_						
		ed as families who meet th	e following criteria:							
	ne or both parents or gua									
	Registered in Visitation Parish with a registration form on file									
		nday Eucharist and other liturg	•	, -						
• Co	mmitment to regular and	d reasonable financial support	of the parish through partic	ipation in Sacrificial Giving						
IN-PA	ARISH TUITION									
	■ I meet the qualifications for In-Parish Tuition.									
	I DO NOT meet the qua	alifications for In-Parish Tuitior	n.							
	_	We need the following iten								
		Non-Refundable Application Fee of \$40.00 per family , cash or check made payable to VCSA.								
		Copy of your student's most recent report card								
		Copy of government issued Birth Certificate Copy of Baptismal Certificate, if applicable								
	Copy of Baptismal Certi									
	Certificate of Immunization: Beginning Fall 2020, prior to entry, attendance or transfer to a Catholic preschool through 8th grade in the Archdiocese of Seattle, students must present proof of having had the immunizations as required by Washington State law.									
	Applying to Vis	sitation Catholic STEM Aca	demy does not guarante	e enrollment.						
	All Kindergarten stu	idents must have reached t	their fifth birthday on or	before August 31.						
Parent	t Signature	Date	Parent Signature	Date						
OFFIC	E USE ONLY									
Date r	received	Application fee	Registration fee							