



VisitationCatholic  
STEM ACADEMY

# STUDENT APPLICATION

## Pre-K to 8th Grade

Grade Applying for: \_\_\_\_\_

School Year Applying for: \_\_\_\_\_

Sibling of current student? Yes or No

### STUDENT

Girl   
Boy

\_\_\_\_\_

Last Name

First Name

Middle Name

Address \_\_\_\_\_

Number

Street

Apt. No.

Home Phone (     ) \_\_\_\_\_

City

State

Zip Code

Date of Birth \_\_\_\_\_

Is the student Catholic: Yes or No

Month     Day     Year

If not Catholic, practicing religion if any: \_\_\_\_\_

#### Ethnicity:

Please circle all that apply.

(For statistical purposes only)

African American or Black

White

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Multiracial

Hispanic or Latino

Student resides with:    Mother     Father     Step-parent \_\_\_\_\_     Other \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Does your student have an IEP or 504? Yes or No     *If yes, please include a copy with this application.*

Does your child have any special learning challenges or needs? Yes or No     If yes, please explain below.

LOCAL NEIGHBORHOOD SCHOOL (for reporting purposes only): \_\_\_\_\_

Schools Previously Attended:

Dates     Grades     School     City     State

Dates     Grades     School     City     State

### FAMILY

How did you learn about Visitation Catholic STEM Academy? \_\_\_\_\_

Why do you want your child to attend VCSA? \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Last     First     Middle     (Maiden)

Last     First     Middle

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Work Ph. (     ) \_\_\_\_\_

Work Ph. (     ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

