



Please fill out all of the forms completely. Incomplete forms will be returned for completion.

Please read carefully the following requirements:

- A. Your child must be 3 years old for the 3 year old preschool, 4 years old for Jr. Kindergarten, 5 years old for Kindergarten and 6 years old for Grade 1, by August 1 of the year applying.
- B. For your application to be considered complete, you must attach the following:
 - 1. A copy of all student records and report cards (grades 1-8)
 - 2. A copy of the student's State issued Birth Certificate (if child did not attend Ascension JK)
 - 3. A copy of the student's Baptismal and First Communion Certificate, if applicable
 - 4. Application fee, \$150/per child (refundable only if your child is not accepted), and \$100/per child if application and fee are turned in by the first Monday of February. If you would like the \$100/application fee to be deducted on the first Monday of February from your account that is on file with the Ascension Jr. Kindergarten program, please sign here:
Ascension School has my permission to debit the account on file for the application fee of \$100
Signature _____
 - 5. The New Student Application form
- C. **To receive the \$50.00 discount, the completed application and attachments are due in the school office by the 1st Monday in February of the year of enrollment.**
- D. Please review your application for completeness. We cannot process an incomplete application.
- E. To apply for parish member tuition rate, completed stewardship forms must be turned in to the parish office.
- F. The **original** Physical and Immunization certificates, on the Commonwealth of Kentucky forms, must be received in the school office no later than the first day of school. If your child is enrolled in the Ascension JK program, we will obtain the immunization certificate and eye exam from them. However, the JK program does not require a physical. Your child does have to have a physical for kindergarten entry or if coming from out-of-state.

My/Our signature below verifies that the information set forth in the application and separate documents is true and correct. I/we understand that any inaccurate or missing information may be reason for rejection of this application and dismissal of my/our child from school.

Father/Guardian

Date

Mother/Guardian

Date



ARCHDIOCESE OF LOUISVILLE
ASCENSION CATHOLIC ELEMENTARY SCHOOL
STUDENT APPLICATION FOR ADMISSION, GR'S. K-8
CURRENT FAMILY DATA

	MOTHER	FATHER
NAME		
RELATIONSHIP (STEP-PARENT, GUARDIAN, GRANDPARENT, DECEASED)		
MARITAL STATUS (MARRIED, SINGLE, WIDOWED, DIVORCED/REMARRIED, SEPARATED)		
ADDRESS		
CITY/STATE/ZIP		
HOME PHONE		
CELL PHONE		
WORK PHONE		
E-MAIL ADDRESS		
RELIGION		
PARISH/CHURCH REGISTRATION		
EMPLOYER		
OCCUPATION		

Direct Correspondence to: _____

Street _____

City/State/Zip _____

Phone _____

Language spoken at home: _____

Names & dates of birth of ALL children in family (list pre-school children first):

Boys _____

Girls _____

Custody (if applicable): Single (Y/N) _____ Name: _____

Joint (Y/N) _____ Names: _____

In cases of divorce, parents are required to furnish the school a copy of the custody section of the divorce decree to protect all.



STUDENT DATA

NAME(last, first, m.i.): _____ CHILD'S SS#: _____

SEX: _____ DATE OF BIRTH: _____ BIRTH CITY/STATE/COUNTRY: _____

PROPOSED GRADE PLACEMENT: _____ OLDEST CHILD AT ASCENSION (Y/N): _____

TRANSPORTATION HOME (CAR RIDER, WALKER, KIDS TIME: _____

ETHNIC GROUP (check one): American Indian/Native Alaskan____ Asian____ African American____ Hispanic____
Latino____ Native Hawaiian/Pacific Islander____ White____ Multi-Racial____

FIRST LANGUAGE CHILD LEARNED TO SPEAK: _____

LANGUAGE CHILD SPEAKS MOST OFTEN: _____

AFTER SCHOOL, CHILD GOES TO:

Place: _____ Phone: _____ Contact: _____

RELIGIOUS RECORDS:

RELIGION: _____

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
BAPTISM				
FIRST RECONCILIATION				
FIRST EUCHARIST				
CONFIRMATION				

Is your child enrolled in a religious education program? Yes____ No____

If no, do you plan on seeking initiation into the Catholic Church and would you like to be contacted? Yes____ No____

If yes, where enrolled? Church/Parish: _____

Address: _____ City: _____ State: _____ Zip: _____

HEALTH/EMERGENCY INFORMATION (someone other than a parent, parents are always the first contact):

First Contact/Relation: _____ Phone: _____

Second Contact/Relation: _____ Phone: _____

Doctor/Phone: _____ Hospital Preference/Phone _____

Dentist/Phone: _____

Health/Physical Limitations: _____

Allergies/Instructions (food, insect, medicine, etc.): _____

Please list all prescribed medications: _____



Does your child currently have a 504/IEP plan or have a diagnosed disability? Please explain and provide a copy of the 504/IEP. If your child is currently in the process of being referred, or assessed for any reason, please specify.

Has your child received any special services (i.e. Speech) or are you in the process of evaluation for any special services? Please explain and provide documentation: _____

Please describe any academic, medical (including mental health services/counseling or personal information we should be aware of): _____

TRANSFERRED INFORMATION:

Previous School: _____ Address: _____

Date Entered: _____ Date Withdrew: _____

REASON FOR TRANSFER: ___ Completed Program ___ Moved ___ Illness ___ Parent Choice

___ Other (please explain) _____

If you & the physician of your choice, as indicated on back, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

___ Yes ___ No Signature of parent/guardian: _____ Date: _____

As a parent and/or guardian, I authorize the treatment of a minor child/ren by a qualified & licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

___ Yes ___ No Signature of parent/guardian: _____ Date: _____

FOR OFFICE USE ONLY

Application Fee Paid _____
Received by _____
Accepted/Not Accepted _____

Records Requested _____
Application Status: 1. Sibling 2. Oldest/Only Non-Catholic
Notified _____



Child's Name _____ Date of birth _____ Applying to grade _____

TEACHER EVALUATION REPORT for admission to Grades 1-8

To the parent/ guardian: As part of the admissions process for Ascension Catholic School, we request an evaluation from the applicant's current teacher. This form must be submitted in order to complete the application process. Please fill in and sign the top part of this form and then give it to your child's teacher along with the attached self-addressed, stamped envelope. All evaluations are confidential and must be mailed directly to us from the school.

For the child named above, I give permission for you to release the information on this form to Ascension Catholic School and understand that I will not have access to this confidential information. In addition, I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation.

Name of parent/ guardian (please print) _____ Date _____

Signature of parent/ guardian _____

To the Teacher: It is very important to all of us that this child's next school placement be the most appropriate one for both the student and his/ her family. We very much appreciate you taking the time to give us an evaluation of this student's emotional, social, and academic readiness for our program. Your observations will be held in the strictest confidence and do not become part of a student's permanent record. Thank you very much for your assistance.

How long have you known this child? ____ years ____ months

What three words come to mind when describing this child?

_____ / _____ / _____

For each item in the tables below, please check the most developmentally age-appropriate description of this child.

Personal Characteristics	Needs Improvement	Emerging	Noticeably Developing	Age-Appropriate Consistent	Advanced
Motivation/ effort					
Ability to work in a group					
Ability to work independently					
Class conduct					
Respect for teachers					
Relationship with peers					
Demonstrates self-control					
Stays on task					
Maturity					
Seeks advice/ help when needed					

Comments _____

Academic Performance	Needs Improvement	Emerging	Noticeably Developing	Age-Appropriate Consistent	Advanced
Academic Performance					
Participation in discussions					
Ability to express ideas orally					
Ability to express ideas in writing					
Follows directions					
Prepared for class					
Attention span					
Uses time wisely					
Seeks help when needed					

Comments _____

Family Information	Did Not Observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child					
Communicates openly with the school					
Follows rules and policies					
Cooperates with teachers					
Follows through with school recommendations					
Participates in school activities					
Is punctual with drop-off and pick-up procedures					

Comments _____

Check here if any information pertaining to this child/ family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Form completed by (print name) _____ Position _____

Your signature _____ Date _____

School Name _____

School Phone: _____ Director/ Principal's Name: _____

Please return this form directly to:
Ascension School Admissions
Attn: Cassie Frantz
4600 Lynnbrook Dr.
Louisville, KY 40220