



St. Cyril of Alexandria School

Creating Tomorrow's Leaders
Through Inspiration and Innovation

4725 E. Pima Street
Tucson, AZ 85712
Phone (520)881-4240
Fax (520)795-0325
www.stcyril.com

Parent/Student Application Form for Admission

Applying for grade ___ for Year _____ - _____ Today's Date: _____

ALL APPLICANTS: **Print or type your responses clearly** to all questions. All admission and placement of new students is temporary, pending the placement test and receipt of previous school records.

By **September 1st** children are to be five years of age in order to be admitted to Kindergarten or six years of age to be admitted to Grade 1. **Attach a copy of your child's birth certificate and baptismal certificate, if applicable,** to this application. For applicants in grades 1-8, please provide a copy of your child's **most recent report card.**

*A **non-refundable fee of \$35.00** must accompany this application.

FAMILY INFORMATION

1. Student Legal Name: _____ Check: []Male []Female

Last
First
Middle
2. Date of Birth ____/____/____ Place of Birth (City, State) _____
3. Home Address: _____
4. City _____ State _____ Zip _____ Home Phone (____) _____ - _____
5. How did you hear about St. Cyril School? _____
6. With whom does the child reside? _____

<i>Father's Information:</i>	
Name	
Address	
Cell Phone	
Email	
Occupation	
Employer	

<i>Mother's Information:</i>	
Name	
Address	
Cell Phone	
Email	
Occupation	
Employer	

<i>Step-Mother's or Other Legal Guardian's Info:</i>	
Name	
Address	
Cell Phone	
Email	
Occupation	
Employer	

<i>Step-Father's or Other Legal Guardian's Info:</i>	
Name	
Address	
Cell Phone	
Email	
Occupation	
Employer	

7. Circle person(s) who is/are the legal custodian(s): Father Mother Stepfather Stepmother Legal Guardian
8. If the parent(s) are divorced, separated or single, is there a legal parenting plan? Yes No
 If yes, it must be turned in at the time of enrollment.

SEE OTHER SIDE →

9. Ethnic Background: Circle the code that best applies to the student's ethnic background. (used for NCEA reporting)
- | | |
|----------------------|--------------------------|
| 1 Hispanic or Latino | 2 Not Hispanic or Latino |
|----------------------|--------------------------|
10. Racial Background: Circle the code that best applies to the student's racial background. (used for NCEA reporting)
- | | |
|------------------------------------|---------------------|
| 1 Native American | 5 White |
| 2 Asian | 6 Two or more races |
| 3 Black | 7 unknown |
| 4 Native Hawaiian/Pacific Islander | |

RELIGIOUS INFORMATION

11. Father's Religion: _____ Mother's Religion: _____
12. What is your child's denomination? _____
13. What parish/church/synagogue is your family a registered member? _____
14. If St. Cyril Parish, Church envelope number: _____
15. If St. Cyril Parish, please list church activities in which your family regularly participates: _____
- _____

EDUCATIONAL STATUS

16. What is the name and address of the school your child currently attends?
- Name: _____
- Address: _____
- City _____ State _____ Zip _____
17. If leaving an in-town school, are there specific academic or behavioral reasons for the move? _____
- _____
- _____
18. What is the name of the public school your child would be attending? _____
19. Has your child been enrolled at St. Cyril School before? _____
20. Has any immediate family member attended St. Cyril School? (Please Circle) YES NO
- Name and Year: _____ Relationship to Child _____
21. Do you have a child/children currently attending St. Cyril? (Please Circle) YES NO
22. If yes, list name(s) and grade(s) - Name: _____ grade: _____
- Name: _____ grade: _____
23. List below any identified learning, physical, emotional and/or disciplinary problem this child might have. (Attach extra information if necessary)
- _____

St. Cyril School educational program is limited in its ability to meet certain learning and/or behavioral needs. If a special need is identified after a child has been attending St. Cyril School for some time, the Principal will determine whether or not the child should remain in the school or be referred to another school that may be better able to meet the child's needs.

24. Has this child ever been accelerated? _____ Retained? _____
25. Has this child been recommended for either? _____ Which? _____
26. Has the child ever been recommended for educational testing? (Please Circle) YES NO
- If yes, please provide the date and results of the testing or copies of any IEPs, 504s, etc.

NOTE: It is the responsibility of the parent to inform the school of any changes in address, phone number, parish status or other pertinent information that may need to be made on this application.

Parent or Legal Guardian Signature

<p>For Office Use Only: _____ 2017</p> <p>Date Paid ____/____/____</p> <p>Check # _____</p>
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