



*Guiding A Lifetime Of Learning*

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*New Student Application*



**Family Information (continued)**

Student Lives With:

Mother and Father     Mother     Father     Mother and Stepfather     Father and Stepmother     Other \_\_\_\_\_

Name of Student's Legal Guardian (if applicable):

\_\_\_\_\_ Last Name First Name

Name(s) of Student's Stepparents (if applicable):

\_\_\_\_\_ Last Name First Name

Name(s) of Grandparents:

Maternal:

\_\_\_\_\_ Last Name First Name Address City State Zip

\_\_\_\_\_ Last Name First Name Address City State Zip

Paternal:

\_\_\_\_\_ Last Name First Name Address City State Zip

\_\_\_\_\_ Last Name First Name Address City State Zip

**Student Medical and Emergency Information**

Emergency Contacts (other than child's parents or guardians):

\_\_\_\_\_ Full Name Full Address Relationship ( ) Telephone

\_\_\_\_\_ Full name Full Address Relationship ( ) Telephone

Medical:

Yes  No \_\_\_\_\_  
Food Allergies (for example, peanuts) If Yes, Please List

Yes  No \_\_\_\_\_  
Allergic Reactions (for example, bee stings) If Yes, Please List

Yes  No \_\_\_\_\_  
Does Your Child Take Medications on a Daily Basis? If Yes, Please List

Yes  No Does Your Child Require Medication To Be Administered During School Hours?

Yes  No Does Your Child Require Special Education Services?

Please Comment On Any Other Medical Conditions /Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

How Did You Hear About Columbus Catholic Schools?

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What Most Influenced Your Decision To Enroll Your Child?

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What Do You Hope Your Child Will Gain From This Experience?

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Please List Family Members Who Have Attended Any Of The Columbus Catholic Schools?

\_\_\_\_\_  
Last Name                      Maiden Name (if applicable)                      First Name                      Years Attended

\_\_\_\_\_  
Address    City    State    Zip

\_\_\_\_\_  
Last Name                      Maiden Name (if applicable)                      First Name                      Years Attended

\_\_\_\_\_  
Address    City    State    Zip

\_\_\_\_\_  
Last Name                      Maiden Name (if applicable)                      First Name                      Years Attended

\_\_\_\_\_  
Address    City    State    Zip

\_\_\_\_\_  
Last Name                      Maiden Name (if applicable)                      First Name                      Years Attended

\_\_\_\_\_  
Address    City    State    Zip

**Agreements**

Individual(s) Responsible for Payment of Tuition and Fees:

\_\_\_\_\_  
Last Name                      First Name                      Address                      City                      State                      (                      )                      -                      Telephone

\_\_\_\_\_  
Last Name                      First Name                      Address                      City                      State                      (                      )                      -                      Telephone

During the admissions process, parents and students are expected to submit all documents and make known all information that would directly relate to a student's tenure at the school. Failure to disclose fully pertinent documents may lead to denial of admission or require withdrawal if a student has already been admitted.

In registering my/our child for Columbus Catholic Schools, I (we) agree to meet the financial and service commitments outlined. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

\_\_\_\_\_  
Parent or Guardian Signature    /                      /                      Date

\_\_\_\_\_  
Parent or Guardian Signature    /                      /                      Date