

NORTH LITTLE ROCK CATHOLIC ACADEMY

"Affordable Quality Catholic Education"

Date of Application _____

Please complete this application and return it to NLRCA with the requested documents. No admission decision can be made until all documents that pertain to your child have been received. Documents needed: Parish Voucher

New Students Only:

- Copy of Birth Certificate
- Copy of student's Baptismal Certificate (if Catholic)
- Copy of the student's current year report card and previous year final report card
- Copy of the student's current and previous year standardized test scores
- Proof of immunizations

The \$75.00 application fee must be received in order to initiate the admission process. Please make your check payable to NLRCA.

Student Information

Full Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Male Female

Ethnic Background _____

Religion: Roman Catholic Other _____

Parish registered in _____ City, State _____

Has Applicant received First Communion? Yes No

Date received _____ Parish _____

Has applicant ever been enrolled in a local Catholic School? Yes No

If yes, last year enrolled? _____ School Name _____ Grade Entering _____

Current School Information

Grade _____ Present School _____

City _____ State _____ Zip Code _____

Principal or Head of School _____ Phone _____

Previous Schools applicant attended: _____ Grade Completed _____

_____ Grade Completed _____

_____ Grade Completed _____

Grade(s) repeated, if any _____

Parent Information

Mother's Name (or Legal Guardian) _____

Single Married Divorced Widowed

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Occupation _____

Email Address _____ Work Phone _____

Father's Name (or Legal Guardian) _____

Single Married Divorced Widowed

Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Employer _____ Occupation _____
Email Address _____ Work Phone _____

Names of other children currently enrolled in school:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Has the applicant ever received auxiliary services, such as, outside tutoring, psychological or educational testing, speech or language assistance, or professional counseling? Yes No

If yes, please provide details _____

Please provide a copy of any test results.

Is your student receiving additional services, such as, gifted program, speech, language, or learning support?

List any other health or learning consideration needed for this child: _____

If English is not the primary language spoken at home, what is? _____

Emergency / Health Information

In the event of an emergency, if you are unable to reach me, please contact one of the following:

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Relationship to Child _____ Relationship to Child _____

Phone _____ Phone _____

Phone _____ Phone _____

Has the applicant been hospitalized for significant medical treatment? If yes, please describe. _____

Has a physician ever prescribed any medication for attention or emotional concerns, or is the applicant presently receiving such medication? Yes No If yes, please list medication and possible side effects

These statements are true and accurate to the best of my knowledge. I understand that if pertinent information is not included or falsified, that my student's acceptance could be jeopardized or result in her/her removal from the school in the future. I enclosed a check for the application fee of **\$75** per student applying for admission to the North Little Rock Catholic Academy. This application is a contractual agreement with North Little Rock Catholic Academy and the signed party.

Signature of Parent or Guardian _____

Signature of Parent or Guardian _____