



NORTH LITTLE ROCK CATHOLIC ACADEMY

"Affordable Quality Catholic Education"

1518 Parker . North Little Rock, AR 722114 . 501-374-5237

Date of Application _____

No admission decision can be made until all documents that pertain to your child have been received.

\$75.00 per child application fee to initiate the admission process (make check payable to NLR Catholic Academy)

Parish Voucher (enclosed).

New Students Only

- Copy of Birth Certificate
- Copy of the 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

Student Information

Full Name _____ Preferred Name _____

Permanent Address _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ Male ___ Female ___

Religion _____ Roman Catholic If Catholic, Parish registered in _____

_____ Other City, State _____

If Catholic, has the applicant received First Communion? ___ Yes ___ No If yes, date received _____

Name of Parish 1st Communion received _____

Has applicant ever been enrolled in an area Catholic School? ___ Yes ___ No

If yes, last year enrolled? _____ Name of School _____

Grade Entering _____ Ethnic Background _____

Mother's Name (or Legal Guardian) _____

Parent Information: Single ___ Married ___ Divorced ___ Widow ___ Home Phone _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Business _____ Email _____

Employment _____ Occupation _____

Father's Name (or Legal Guardian) _____

Parent Information: Single ___ Married ___ Divorced ___ Widow ___ Home Phone _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Business _____ Email _____

Employment _____ Occupation _____

Name of other Children currently enrolled in school:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Currently in Grade _____ Present School _____

Name of principal or head of school _____

School Telephone _____

Previous Schools applicant attended _____ Grade Completed _____

_____ Grade Completed _____

_____ Grade Completed _____

Grade Repeated, if any _____

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

If yes, explain _____

Please Provide a copy of any test results.

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

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 _____

City _____ State _____

Relationship to Child _____

Relationship to Child _____

Phone _____

Phone _____

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

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, 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 any student's acceptance could be jeopardized or result in his/her removal from the school in the future. I enclosed a check for the application fee of \$75.00 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 Legal Guardian _____