



# Saint Dominic School Admissions Application

1050 Flanders Road, Southington, CT 06489

Phone: 860-628-4678 FAX: 860-628-6572

[www.saintdominicschoolct.org](http://www.saintdominicschoolct.org)

**School Year 2012 - 2013**

### For Office Use Only

Date Received \_\_\_\_\_

App Fee Paid \_\_\_\_\_

Deposit Paid \_\_\_\_\_

Check # \_\_\_\_\_

## “Educating students in a caring environment rich in Catholic tradition and academic excellence”

*Archdiocese of Hartford :Vision Statement:* **Catholic Schools in the Archdiocese of Hartford welcome students of all faiths, ethnic groups and socio-economic backgrounds. The fundamental purpose of Catholic schools is to:** Provide a safe, nurturing and secure environment in which **students encounter the living God**, who is Jesus Christ, reveals His transforming love and truth; Partner with parents to support students in their learning and in their **search for knowledge, meaning, and truth**; Create a Catholic climate that contributes to the **formation of students** as active participants in the parish community; Foster a **culture of educational excellence** through critical thinking skills, innovative and rigorous curriculum standards, a global perspective, and an emphasis on moral education, community, and service. Promote life-long learning that advances the **development of the whole person** – mind, body, and soul; and graduate students prepared to become **productive, virtuous citizens and church leaders** who will fashion a more humane and just world.

**GENERAL INFORMATION: A non-refundable application fee of \$75.00 per student must accompany this application. MasterCard, Visa, Discover or checks made payable to Saint Dominic School will be accepted. A \$300.00 non-refundable deposit will be required within 2 weeks of your child’s acceptance. This deposit will be applied to your child’s tuition. Applications must be filled out completely and a copy of applicant’s birth certificate, baptismal certificate (if applicable) should accompany this form.**

**Student Information:**

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Nickname</b>

<b>Admission to grade circle one:</b>	ELC: 3yr TWTH 9-12	4yr M,W,F 9-12	4yr M,W,F 9-3	4yr M-F 9-12	4yr M-F 9-3
	Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4
		Grade 5			

**Student’s Home Address:**

Street		Town		State		Zip	
Home Phone			Family E-mail Address				
Date of Birth			Birthplace (City, State, Country)				
Male		Female		Is Child a U.S. Citizen?	Yes		No
Child lives with :	Both Parents		Mother		Father		Other Individual
If “other individual”, please indicate Name						Relationship to Child	
<b>Is this student Hispanic/Latino ethnicity?</b> _____			<b>Race:</b> Check all that apply. __American Indian __Asian __Black __Pacific Islander __White				

**Father/Guardian Information:**

Prefix:		First Name		Last Name	
Address if different			City		
Home Tel. # if different			Work Tel. #		
Occupation			Employer		
					E-mail address

**Mother /Guardian Information:**

Prefix:		First Name		Last Name	Maiden Name
Address if different			City		
Home Tel. # if different			Work Tel. #		
Occupation			Employer		
					E-mail address

**Other children in family:**

Name	Age	Grade	School attending

**Please specify if a language other than English is spoken at home:**

<b>How did you hear about this school?</b>	Website	Advertisement	Friends/Family	Other(please specify):

