

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Birth Certificate	Date of application _____
<input type="checkbox"/> Baptismal Certificate	Date fee paid _____
<input type="checkbox"/> Report Card	Date of testing _____
<input type="checkbox"/> Immunization Form	Date of acceptance _____
	Date of withdrawal _____

**NOTRE DAME CATHOLIC SCHOOL  
PRESCHOOL – 8<sup>TH</sup> GRADE REGISTRATION FORM**

Please complete all information requested. One form per student. Information will be verified with previous schools. False information will nullify application.

Date \_\_\_\_\_

**Registering for grade (circle one): preschool, pre-kindergarten, kindergarten, 1, 2, 3, 4, 5, 6, 7, 8**

Student's name \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_

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

Home phone number \_\_\_\_\_

Student's birth date \_\_\_\_\_ Female Male

Student Baptized? Yes No First Penance/Eucharist? Yes No

Student's Ethnic Origin \_\_\_\_\_  
(Asian American, African American, Native American, Hispanic, Caucasian, etc.)

What language(s) does your child speak? Please list in order of fluency. \_\_\_\_\_

**KINDERGARTEN**

**Please circle your choice as to ½ day kindergarten or full day kindergarten:**

**½ day (8:00-11:00)                      full day (8:00-3:00)**



**FAMILY/PARENT INFORMATION**

**Father's name** \_\_\_\_\_  
Last First Middle

Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Registered? Yes No

**Mother's name** \_\_\_\_\_  
Last First Middle

Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Registered? Yes No

**Step-Father's name** \_\_\_\_\_  
Last First Middle

Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Registered? Yes No

**Step-Mother's name** \_\_\_\_\_  
Last First Middle

Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Registered? Yes No

**Custodial guardian** \_\_\_\_\_  
Last First Middle

Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Relationship to student \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Registered? Yes No

**Student resides with:** mother \_\_\_\_\_ father \_\_\_\_\_ step-parent \_\_\_\_\_ other \_\_\_\_\_

**NOTRE DAME CATHOLIC SCHOOL**

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

2165 S. Zenobia St.

Denver, Co. 80219

Phone: (303) 935-3549

FAX: (303) 937-4868

E-mail: Linda Amundson, Student Records

[lamundson@notredamedenver.org](mailto:lamundson@notredamedenver.org)

**REQUEST FOR STUDENT RECORDS  
GRADES 1 – 8**

Date: \_\_\_\_\_

Name and Address of School Child is attending:

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

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Please send the following records on the above named student:

Academic and cumulative records

Medical and health, including immunization

All Special Service reports (Psychological, speech/language,  
ADD, LD)

Signature of Parent/Guardian \_\_\_\_\_

SIBLINGS: List brothers and sisters under age 18 years living at home.

LAST NAME	FIRST NAME	AGE	PRESENT SCHOOL

Are you applying for admission for other children at Notre Dame School at this time?    Yes    No  
If yes, give name and grade entering:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

If space is not available at this time,

- I would like my child on the waiting list
- I would accept available enrollment openings and keep other sibling(s) on the waiting list.

NOTICE: This is an application form for Notre Dame School. Acceptance of this form on the part of the school does not imply or guarantee acceptance and admission into Notre Dame School. Each student will be tested and references checked. The principal will make final determination regarding admission after all information is complete. Notre Dame will not ordinarily accept students who are one or more years below grade level. Refer to Handbook for complete admissions policy.

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

**Please tell us where you heard or who told you about Notre Dame School. Please tell us the person's name if possible.**

\_\_\_\_\_

\_\_\_\_\_

# Preschool/Pre-Kindergarten Selection Sheet 2011-2012

NAME OF STUDENT \_\_\_\_\_

**Two (2) classes per week are required for preschool.**

**Preschool HALF-DAY (8:00 AM – 11:10 AM only)**

- \_\_\_ Monday
- \_\_\_ Tuesday
- \_\_\_ Wednesday
- \_\_\_ Thursday
- \_\_\_ Friday

**Preschool FULL DAY – Five (5) hours or more**

- \_\_\_ Monday
- \_\_\_ Tuesday
- \_\_\_ Wednesday
- \_\_\_ Thursday
- \_\_\_ Friday

**Three (3) classes per week are required for pre-kindergarten.**

**Pre-kindergarten HALF-DAY (8:00 AM – 11:10 AM or 12:00 – 3:00 PM)**

Please choose **AM** or **PM** and the days you would like your child to attend.

AM Session

- \_\_\_ Monday
- \_\_\_ Tuesday
- \_\_\_ Wednesday
- \_\_\_ Thursday
- \_\_\_ Friday

PM Session

- \_\_\_ Monday
- \_\_\_ Tuesday
- \_\_\_ Wednesday
- \_\_\_ Thursday

**No Friday PM session**

*(A minimum number of students per day must be registered to have an afternoon session.)*

**Pre-kindergarten FULL DAY – Five (5) hours or more**

- \_\_\_ Monday
- \_\_\_ Tuesday
- \_\_\_ Wednesday
- \_\_\_ Thursday
- \_\_\_ Friday

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_