



THE ST. AUSTIN SCHOOL APPLICATION FOR ADMISSION for the 2019 - 20 Academic Year

If applying for multiple children, you only need to include one copy of this page for all children

PARENT INFORMATION:

Marital Status

Father's Name _____ **
(Last) (First) (M.I.)

Home Address: _____
(Street address) (City) (State) (Zip)

Phone: Day: ____ - ____ - ____ ; Evening: ____ - ____ - ____ ; Cell: ____ - ____ - ____

E-mail Primary: _____ Secondary: _____

Occupation: _____ Company Name: _____

Business Address: _____
(Street address) (City) (State) (Zip)

Parish: _____ Religious denomination: _____

Mother's Name: _____ **marital status** _____ **
(Last) (First) (M.I.)

Home Address: _____
(Street address) (City) (State) (Zip)

Phone: Day: ____ - ____ - ____ ; Evening: ____ - ____ - ____ ; Cell: ____ - ____ - ____

E-mail Primary: _____ Secondary: _____

Occupation: _____ Company Name: _____

Business Address: _____
(Street address) (City) (State) (Zip)

Parish: _____ Religious denomination: _____

Please indicate if you grant permission to list your name, phone numbers & e-mails in the school's family directory: **Yes** **No**

GRANDPARENT INFORMATION:

Maternal

Paternal

Names _____

Names _____

Address _____

Address _____

City/state/zip _____

City/state/zip _____

Cell Phone: ____ - ____ - ____

Cell Phone: ____ - ____ - ____

e-mail _____

e-mail _____

IN AN EMERGENCY IF PARENTS CANNOT BE REACHED who may we CONTACT?

Name: _____
(Last) (First) (Relationship to Student)

Home Address: _____
(street address) (City) (State) (Zip)

Phone: Day: ____ - ____ - ____ ; Evening: ____ - ____ - ____ ; Cell: ____ - ____ - ____

Attachments checklist (for each family): Check for application fee ___ Transcript request form ___ [send to prior school]
(for each child): Birth Certificate ___ Baptismal Certificate ___ Vaccinations documentation ___

** - If both of a students' parents are not married and signing above, please provide a copy of any applicable custody agreement.

Office use only: Fee paid date: _____ Admission decision: _____ Date notified: _____

The St. Austin School P.O. Box 6906, Chesterfield, MO 63006



THE ST. AUSTIN SCHOOL APPLICATION FOR ADMISSION

for the 2019 - 20 Academic Year

If applying for multiple children, complete this page for each child

STUDENT INFORMATION:

Name: _____ **Applying for:** _____
(Last) (First) (M.I.) (Grade)

Home Address: _____
(Street address) (City) (State) (Zip)

Parish: _____ **Religious denomination:** _____

Key dates: Birth date: _____ **Sacraments received dates:** Baptism: _____

Reconciliation _____ 1st Communion _____ Confirmation _____

Previous school: _____ **Grades attended:** _____

(Street address) (City) (State) (Zip)

2nd Previous school: _____ **Grades attended:** _____

How did you learn about The St. Austin School? _____

Has this child ever skipped or repeated a grade? _____. If Yes, please describe _____

Does this child have a learning disability, special need, or Individualized Education Plan (IEP)? _____

If Yes, please describe _____

Has this child ever been suspended from or asked to leave any school? YES NO (If YES, please explain on a separate page)

Why do you want this child to attend the The St. Austin School? _____

Please list the names, ages & current / most recent schools of applicant's siblings (attach additional page if needed):

Sibling #	name	birth date	age	current/most recent school attended
Sibling #1	_____	____/____/____	_____	_____
Sibling #2	_____	____/____/____	_____	_____
Sibling #3	_____	____/____/____	_____	_____
Sibling #4	_____	____/____/____	_____	_____
Sibling #5	_____	____/____/____	_____	_____
Sibling #6	_____	____/____/____	_____	_____

I / We hereby state that the information contained herein is true and complete. I / We have not knowingly omitted any pertinent information regarding my / our child's academic, medical or behavioral history.

Father or Guardian:
Printed Name: _____

Mother or Guardian:
Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Application Fee: Please enclose a check for the application fee (\$150 per student) payable to The St. Austin School. The application fee is refundable if we do not offer admission to your student / (family).