



# THE ST. AUSTIN SCHOOL APPLICATION FOR ADMISSION

for the 2022 - 23 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 2022 - 23 Academic Year

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

### STUDENT INFORMATION:

Applying for grade: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
Boy  
Girl

Home Address: \_\_\_\_\_ (Street address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Parish: \_\_\_\_\_ Religious denomination: \_\_\_\_\_

Key dates: Birth date: \_\_\_\_\_ Sacraments received dates: Baptism: \_\_\_\_\_

Reconciliation \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Previous school: \_\_\_\_\_ Grades attended: \_\_\_\_\_

\_\_\_\_\_ (Street address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

2<sup>nd</sup> 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:

### Mother or Guardian:

Printed Name: \_\_\_\_\_

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).