



St. Katharine Drexel Academy

FOR OFFICE USE ONLY
 ___ Admissions Application
 ___ Application Fee (\$90 NEW FAMILY)

EMPOWERING CARING HEARTS AND OPEN MINDS

APPLICATION FOR ADMISSIONS 2020-2021 Student Information

1. Application Date	Family Name	Home Zip Code	Parish Family Attends	
2.	Student Name First and Last	Birthdate MM/DD/YYYY	Grade Entering	**Baptized Catholic(Y/N)
3. Student resides with (please mark one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (please specify) _____				
*IF THIS IS A RE-ENROLLMENT, PLEASE SKIP SECTIONS 4 AND 5.				
4. Please be sure to include following required items with your application <input type="checkbox"/> Copy of student's birth certificate (all new applicants) <input type="checkbox"/> Copy of student's immunization record/SDIZ Authorization (all new applicants) <input type="checkbox"/> Copy of most recent report card (grades 1-8 new applicants only) <input type="checkbox"/> Copy of standardized testing scores (grades 1-8 new applicants only) <input type="checkbox"/> Complete an Enrollment Readiness Assessment administered by SKDA (all new applicants) If Catholic, <input type="checkbox"/> Copy of student's baptismal certificate**(all new applicants) <input type="checkbox"/> Copy of First Eucharist certificate(s) (grades 3-8 new applicants)				
5. Current School Enrollment Information				
Name of School				
School Address				
School Phone No.				
Activities student(s) are involved /interested in				



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APPLICATION FOR ADMISSIONS 2020-2021 Parent Information

Parent/Guardian 1 (First & Last Name)		Parent/Guardian 2 (First & Last Name)	
First	Last	First	Last
Home Address City, State, Zip		Home Address City, State, Zip	
Email Address		Email Address	
Home Phone#	Work Phone#	Home Phone#	Work Phone#
Mobile Phone#	Mobile Carrier	Mobile Phone#	Mobile Carrier
Occupation	Employer Name & Address	Occupation	Employer Name & Address
Emergency Contacts			
Name (First & Last)	Relationship	Mobile# & Carrier	Email
Name (First & Last)	Relationship	Mobile# & Carrier	Email
Name (First & Last)	Relationship	Mobile# & Carrier	Email
Name of Physician		Phone #	Email
<p><input type="checkbox"/> I hereby authorize the School and/or the agent of the school to take whatever steps may be necessary to obtain emergency care if warranted for my child/children. This includes but is not limited to the following:</p> <ul style="list-style-type: none"> Attempt to contact parent/guardian/physician/any emergency contact. If not able to contact anyone listed, we will do any of the following: Call paramedics, ambulance and/or have the child taken to an emergency hospital in the company of a staff member. Any expenses incurred will be borne by the child's family. <p>Signed _____ Date _____</p>			
Before and After School Care Survey (please check all that apply to your family)			
<p><input type="checkbox"/> I am likely to enroll in the YMCA Character Builders' Before & After School Care (Check all that options that may apply) <input type="checkbox"/> Before School <input type="checkbox"/> After School</p> <p><input type="checkbox"/> I will not need Before or After school care at this time.</p>			



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