



St. Francis Xavier
Pre-8th Grade Jesuit Parish School

APPLICATION CHECKLIST

PRESCHOOL & KINDERGARTEN CANDIDATES

Required Documents and Fees:

- _____ **APPLICATION FOR ADMISSION** - Please complete the application and mail or deliver it to St. Francis Xavier School, Attn: Mary Musgrove
- _____ **NON-REFUNDABLE APPLICATION FEE** - Please enclose \$25 fee for the application. There will be an additional \$50 fee for the kindergarten Gesell testing. If you have current (last 3 months) Gesell test results from another school, the fee will be waived. Please forward results to our school by mail or fax (602) 279-0423.
- _____ **BIRTH CERTIFICATE** - For Kindergarten, student must be 5 years of age **PRIOR TO** September 1, 2012.
- _____ **BAPTISMAL CERTIFICATE**

1st GRADE – 8th GRADE CANDIDATES

Required Documents and Fees:

- _____ **APPLICATION FOR ADMISSION** - Please complete the application and mail or deliver it to St. Francis Xavier School, Attn: Mary Musgrove
- _____ **NON-REFUNDABLE APPLICATION FEE** - Please enclose \$25 fee for the application. There will be an additional \$50 fee for the 1st Grade Gesell testing if applicable.
- _____ **TWO MOST CURRENT REPORT CARDS (Current year and previous year)**
- _____ **TWO MOST CURRENT STANDARDIZED TESTS (Current year and previous year)**
- _____ **BIRTH CERTIFICATE**
- _____ **SACRAMENT CERTIFICATES:**
 - Baptism
 - Reconciliation
 - First Eucharist
 - Confirmation



**St. Francis Xavier
Pre-8th Grade Jesuit Parish School**

APPLICATION FOR ADMISSION

STUDENT INFORMATION – *To be completed by parent/guardian.*

Today's Date: _____ Applying for Grade: _____ School Year: _____

Applicant's Legal Name: _____

Address: _____
LAST FIRST MIDDLE NICKNAME

STREET CITY STATE ZIP

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Date of Birth: ___/___/___ Gender: M / F (circle) U.S. Citizen: Yes / No

Religion of Applicant: _____ Ethnicity: _____

Church/Synagogue where family is registered: _____

If out of state address, when do you plan to move? _____

Current School Information:

Name of Current School: _____ Current Grade: _____

Address: _____

STREET CITY STATE ZIP

Phone #: () _____ - _____

Please check to indicate if your child has ever had any of the following:

___ I.E.P. ___ Psycho-educational Evaluation

___ Service Plan ___ other Explain other: _____

Please explain why you wish to enroll your child at St. Francis Xavier School. Use the space below.

FAMILY INFORMATION

Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Parents married | <input type="checkbox"/> Father remarried | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Parents separated/divorced | <input type="checkbox"/> Mother remarried | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Single Parent Household | |

Who has legal custody of the applicant? (ADMISSIONS CORRESPONDENCE WILL BE SENT TO THE PARENT(S) WITH LEGAL CUSTODY.) _____

Who has financial responsibility for the applicant?

Biological/Adoptive Father: (Applicant lives with father? Yes / No)	Biological/Adoptive Mother: (Applicant lives with mother? Yes / No)																								
(Dr./Mr.) LAST FIRST MIDDLE	(Dr./Ms./Mrs.) LAST FIRST MIDDLE																								
Occupation: _____	Occupation: _____																								
Business Name: _____	Business Name: _____																								
Business Address _____	Business Address _____																								
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Is the applicant a child or grandchild of a St. Francis Xavier alumna/alumnus? Yes / No

If yes, alumnus/alumna _____ Graduation Year _____ Relation _____

Does applicant have any siblings currently enrolled at St. Francis Xavier? Yes / No

If yes, youngest name _____ Grade _____

Are you submitting applications for siblings? Yes / No

If yes please complete the Sibling Addendum, and would you be willing to enroll your child even if there are not openings in all of the grades that you are applying for? Yes / No

We certify that we have provided accurate information in this application. We also agree that all of the information supplied in this application and any documents received in connection with this application become and shall remain the property of St. Francis Xavier School.

Signature of Parent/Legal Guardian

Date



St. Francis Xavier
Pre-8th Grade Jesuit Parish School

RECORDS RELEASE FORM

I authorize school personnel at:

Name of Present School: _____ Current Grade: _____

Address: _____
STREET CITY STATE ZIP

Phone #: () _____ - _____ Fax #: () _____ - _____

to speak to the St. Francis Xavier School personnel about my child. I further authorize the release of achievement scores, diagnostic reports and report cards to St. Francis Xavier School at 4715 N. Central Ave., Phoenix, AZ 85012, fax (602) 279-0423.

Name of Student

Grade

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Date