



**The
Assumption
School**

Application for Admission	Date Received: ___/___/___
Application for School Year: _____	Date Recorded: ___/___/___
Grade Applying for: _____	Fee: ___/___/___ \$150.00 Non-Refundable

Information about Student

Full Name _____ Male [] Female []
 Street Address _____ Date of Birth ___/___/___
 City, State, Zip _____ Religion _____
 Place of Birth _____ US Citizen [] Yes [] No Phone # ()

Information about Father

Full Name _____ Religion _____
 Street Address _____ Home Phone _____
 City, State, Zip _____ () _____
 Occupation / Title _____ Cell Phone _____
 Name of Business _____ () _____
 Street Address _____ Work Phone _____
 City, State, Zip _____ () _____

Information about Mother

Full Name _____ Religion _____
First Name Maiden Name
 Street Address _____ Home Phone _____
 City, State, Zip _____ () _____
 Occupation / Title _____ Cell Phone _____
 Name of Business _____ () _____
 Street Address _____ Work Phone _____
 City, State, Zip _____ () _____

Information about Person(s) with Whom Student Lives

Student Lives with [] Both Parents [] Mother [] Father [] Other
 If "Other," Name _____
 Relationship to Student _____
 Language(s) Spoken at Home: _____

Information about Parent(s) Parish

Are Parent(s) registered members of the Church of the Assumption? Yes [] No []
 If "Yes," please give your envelope number. _____
In order to receive a Parishioner Tuition Rate, parent(s) must attend Mass weekly with child.
 If Parent(s) are not members of the Assumption, what parish do they belong to?
 Name of Parish _____
 Location _____
In order to receive a Catholic with Subsidy Tuition Rate, a letter must be provided from the pastor of your parish stating that he will pay the subsidy.

Information about Person(s) Paying Tuition and Bills

Will be Paid by [] Both Parents [] Mother [] Father [] Other
 If "Other," Name _____
 Street Address _____
 City, State, Zip _____
 Phone Number () _____

Please fill out other side also

51 North Cliff Street
 Ansonia, CT 06401

 203.734.0855

 Fax
 203.734.5521

Additional Information about Student

School Last Attended

Name _____

Street Address _____

City, State, Zip _____

Current Grade _____

Does student have any health concerns? Yes [] No []

If "Yes," please explain. _____

Has student ever received diagnostic/psychological testing? Yes [] No []

If "Yes," a complete copy must be provided to The Assumption School.

Sacraments Received

Baptism

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

First Reconciliation

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

First Communion

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

Names, Ages, and Current School of Siblings:

Name

Age

Current School

List any relatives of the student who are alumni of The Assumption School

Name

Class

Relationship

In the event that my child is accepted, my signature below indicated my agreement to abide by all of The Assumption School's guidelines and policies including the following:

- **Parents are expected to volunteer their services and expertise within the school.**
- **Parents agree to adhere to the school's policies as given in the school handbook.**
- **As part of a contract with the school, parents assume the responsibility of paying all tuition and fees according to the school's tuition policy, and the undersigned agree to pay all costs of collection, including attorneys' fees, should they fail to pay all of such tuition and fees.**

Signature of Parents/Guardians (Both parents/guardians must sign)

Date
