



Father Vincent Capodanno High School Application for Enrollment

Student Name: _____ Grade Applied For: _____
(First) (Middle) (Last)

Place of Birth: _____ Date of Birth: _____ Citizenship: _____

Social Security #: _____ Gender: _____ Home School District: _____

Parents/Guardians Information:

Name: _____ Relationship: _____ Church Affiliation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary E-mail: _____

Name: _____ Relationship: _____ Church Affiliation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary E-mail: _____

Home Information:

Parents married [] One parent [] Parents Separated or Divorced []

Restructured-Stepfather/Stepmother [] Father remarried [] Mother remarried []

Child resides with: _____

Table with 4 columns: Siblings, Name, Age, Name, Age. Rows for listing siblings.

Parental Rights (in case of separation or divorce): _____ (Provide copy of court order)

Language (other than English) spoken at home: _____

Religious Background:

Registered Parish: _____ Location: _____

Baptism: Church Name, City & State, Religion

First Penance: Church Name, City & State, Religion

First Communion: Church Name, City & State, Religion

Confirmation: Church Name, City & State, Religion

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Academic Record

School Attended: _____ Date Enrolled: _____ Date Withdrawn: _____

Reason for leaving: _____

School Attended: _____ Date Enrolled: _____ Date Withdrawn: _____

Reason for leaving: _____

Has your child ever been suspended, expelled, dismissed, or not allowed to re-enroll in a school? No Yes

If yes please provide the name of the school and the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e. learning disabilities, ADD/ADHD, emotional disabilities, etc.], English as a Second Language, or medical condition? No Yes

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect your child’s ability to fully participate in the academic program provided at Father Vincent Capodanno High School. If you are requesting an adjustment or accommodation to the curriculum, please describe your request.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.

Signature of parent /guardian

Date

Father Vincent Capodanno High School Student Health Form

Student Name: (First) _____ (Middle) _____ (Last) _____

Social Security # _____ Gender _____ Birth Date _____ Grade _____

Home Address _____ Home Phone: _____

City _____ State _____ Zip Code _____

Immunization Status: Submit a photocopy of your child's most up to date immunization record.

Student Medical History: Please fill in all information that pertains to your child.

Is your child currently under any medical treatment or taking any type of medication?

Medication(s): _____ Treatment: _____

Does your child have any special health problems the school should know about?

Specify: _____

Pediatrician/Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Date of last physical exam: _____ Date of last dental exam: _____

Allergies Specify: _____
(examples: specific food, drug, bee/insect, environmental)

Asthma Cleft palate Diabetes Epilepsy Heart disease Chicken pox

Operations Specify: _____

Accidents: Specify: _____

Serious Illness Specify: _____

Physical handicap Specify: _____

Family Diabetes Specify: _____

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Health History

Is your child currently under the care of a doctor, hospital, or clinic right now? yes no

If yes, please explain: _____

Apart from vitamins, is your child taking any medications, tablets, or drops? yes no

If yes, please explain: _____

Has your child had any convulsions, seizures, or fits? yes no

If yes, please explain: _____

Does your child need a special diet or have any food problems? yes no

If yes, please explain: _____