

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: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

Siblings:

\_\_\_\_\_  
Name Age Name Age

\_\_\_\_\_  
Name Age Name Age

\_\_\_\_\_  
Name Age Name Age

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: \_\_\_\_\_

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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

**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School Attended: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_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School Attended: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_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

