



**St. Xavier
Catholic School**

... educating the whole person, body,
mind and spirit - in Christian values, in
accordance with our Catholic faith
tradition.

St. Xavier Catholic School
Admissions Office
200 N. Washington St.
Junction City, KS 66441
Phone: 785-238-2841
Fax: 785-238-5021
www.saintxrams.org

APPLICATION

Student

Name: _____
First Middle Last Preferred Name
 Birthdate: _____ Applying for grade: _____ School Year: _____ Religion of student _____
 Place of birth: _____ Sex: M or F Student's birth order _____ No. of brothers _____ No. of sisters _____
 Address: _____ City: _____ State: _____ Zip: _____
 Student lives with: _____ Both Parents _____ Mother _____ Father _____ Other _____
 Parents are: _____ Married _____ Divorced _____ Separated Student's Social Security No. _____

Parent/Guardian

Father's Name: _____ Home Phone: _____ Cell Phone: _____
 Address (if different from student): _____ Religion/Parish _____
 E-mail Address: _____
 Employer: _____ Occupation: _____ Rank (if applicable) _____
 Mother's Name: _____ Home Phone: _____ Cell Phone: _____
 Address (if different from student): _____ Religion/Parish _____
 E-mail Address: _____
 Employer: _____ Occupation: _____ Rank (if applicable) _____
 Home conditions or background information that would help us better understand your child: _____

Medical Information

Is the student presently seeing a medical professional on a regular basis for a diagnosed condition? _____ Yes _____ No
 Diagnosis: _____
 Family doctor/Pediatrician: _____ Phone: _____
 Medication(s) prescribed: _____ Taken at home: _____ Taken at school: _____
 Is student physically mentally challenged: _____ Yes _____ No If yes, does he/she require special accommodations? _____

Education

School last attended: _____ Reason for leaving: _____

School Address: _____ State: _____ Zip: _____

Has the student previously been enrolled at St. Xavier? Yes No Grade: _____

Has the student ever repeated a grade? Yes No

Is the student presently being tutored? Yes No Subject area of tutoring: _____

Has the student ever been enrolled or recommend for placement in any special education classes: Yes No

Learning Disability Physical Disability Behavioral/Emotional Disorder ADD/ADHD Speech Counseling

Has the student ever been suspended from any school or asked to leave? Yes No If yes, please explain: _____

Siblings in family presently attending St. Xavier:

1. Name _____ Grade: _____ 3. Name _____ Grade: _____

2. Name _____ Grade: _____ 4. Name _____ Grade: _____

If you speak a language other than English at home, please list: _____

Sacraments Received (If Catholic)

Baptism date: _____ Parish: _____ City: _____ State: _____

Reconciliation date: _____ Parish: _____ City: _____ State: _____

Holy Eucharist date: _____ Parish: _____ City: _____ State: _____

Confirmation date: _____ Parish: _____ City: _____ State: _____

What is your primary reason for making application to St. Xavier School? _____

PLEASE READ IMPORTANT INFORMATION BELOW BEFORE SUBMITTING APPLICATION

The following documents must be submitted before enrollment.

1. Kansas Certificate of Immunization (KCI)
2. A copy of the student's Birth Certificate.
3. If Catholic, a copy of the student's Baptismal Certificate.
4. A copy of the student's Social Security Card.
5. A non-refundable application fee of \$50.00 per student made payable to St. Xavier Catholic School.

I understand and acknowledge that St. Xavier Catholic School may deny admission at any time if it determines that enrollment of the child in St. Xavier Catholic School would not be appropriate. I understand and acknowledge that St. Xavier Catholic School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of St. Xavier Catholic School.

Signature of Parents or Guardian

Date of Application