



Assumption-St. Bridget School
 6220 32nd Ave. NE
 Seattle, WA 98115
 206.524.7452
 www.asbschool.org

Application Date: _____
Applying for Grade: _____
Academic year: 2019-20 2020-21

Completed applications will include:

- Application Fee (\$100.00/per student), check made out to ASB School
- Most recent report card & standardized test results (only required for applicants to grades 1-8)
- Parish Self-Reflection Form (parish families only)

Student Name: _____ **Preferred First Name:** _____

Gender: _____ **Date of birth:** _____ **Birth City/State:** _____

Current School: _____ **City/State:** _____ **Current grade:** _____

Student Home Address: _____ **City/state:** _____ **Zip:** _____

Student resides with: (circle one) Father & Mother Mother Father Other _____

Race: (check all that apply) Black _____ Asian _____ Native Hawaiian/Pacific Isl. _____ Native American _____ White _____

Multi-racial _____ Other _____ **Ethnicity:** Hispanic? Yes _____ No _____

Student's Religion: _____ **Baptism date:** _____ **Church:** _____ **City/state:** _____

What language did your child first learn to speak? _____ **Language your child uses most at home:** _____

What language(s) do parent/guardians use the most when speaking to your child? _____

Other schools (if any) your child has attended: _____

Attended for grades/year: _____ **City/State:** _____

What public school would your child be assigned to if you do not enroll at ASB or another parish/private school?

Name of School

District

	Parent/Guardian	Parent/Guardian
Name		
Home address		
Home phone	<input type="checkbox"/> Best Number	<input type="checkbox"/> Best Number
Cell phone	<input type="checkbox"/> Best Number	<input type="checkbox"/> Best Number
Work Phone	<input type="checkbox"/> Best Number	<input type="checkbox"/> Best Number
Religion		
Marital status		
Employer		
Occupation/Title		
Work email		
Best Family email		
ASB Alumni? <i>Class of...</i>		

Were you referred to ASB? If so, please list the referring family or families, so we may thank them:

Parish Information

Members of Assumption and St. Bridget Parishes must complete the Parish Reflection Form, and have their pastor sign it. The signed Reflection Form should be turned in with this application.

Registered parishioner at Assumption Parish? _____ Number of years in parish: _____

Registered parishioner at St. Bridget Parish? _____ Number of years in parish: _____

Out-of-parish Catholic? _____ Name of parish: _____

Out-of parish non-Catholic? _____ Church affiliation: _____

Sibling Information

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Explain why you have chosen Assumption-St. Bridget School for your child and your family.

(Feel free to attach a separate page)

Please list parish and school activities, committees and volunteer services in which you have participated.

(Feel free to attach a separate page)

Please help us get to know your child's unique academic and social/emotional strengths and areas of growth.

(Feel free to attach a separate page)

At Assumption-St. Bridget School, we are committed to serving students with diverse strengths, learning styles and needs. In an effort to discern how to best serve all students, please complete the section below about outside support services. Please note if the following applicable to your child:

	<u>Been referred for services:</u>	<u>Currently receiving services:</u>	<u>Applicable diagnosis:</u>
Speech:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occupational Therapy:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Therapy:	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPED:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Counseling:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outside Tutoring:	<input type="checkbox"/>	<input type="checkbox"/>	_____