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

Application Date: _____

Applying for Grade: _____

Academic year: 2018-19   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 _____

What language did your child first learn to speak? _____

What language does your child use the most at home? _____

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

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

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	☐ Best Number	☐ Best Number
Cell phone	☐ Best Number	☐ Best Number
Work Phone	☐ Best Number	☐ Best Number
Religion		
Marital status		
Employer		
Occupation/Title		
Work email		
Best Family email		
ASB Alumni? *Class of…*		

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:

	Been referred for services:	Currently receiving services:	Applicable diagnosis:
Speech:	☐	☐	_____
Occupational Therapy:	☐	☐	_____
Physical Therapy:	☐	☐	_____
SPED:	☐	☐	_____
Counseling:	☐	☐	_____
Outside Tutoring:	☐	☐	_____