



Assumption-St. Bridget School
 6220 32nd Ave. NE
 Seattle, WA 98115
 206.524.7452
 www.asbschool.org
 PreK-8 Application

Application Date: _____
 Applying for grade: _____
 Academic year: 2017-18 2018-19

Completed applications will include:

- \$100.00, non-refundable application fee/per student (check made out to ASB School)
- Your student's most recent report card & standardized test results
- Parish Self-Reflection Form (parish families only)

Student Name: _____ **Preferred First Name:** _____
 (First, Middle & Last)

Gender: _____ **Date of birth:** _____ **Birthplace:** _____
 (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 Islander ___ 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) has your child attended: _____

Attended for grades/year: _____ **City/state:** _____ **Zip:** _____

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		
Cell phone <input type="checkbox"/> Best number		
Work Phone <input type="checkbox"/> Best number		
Religion		
Marital status		
Occupation/title		
Employer		
Work email		
Best Family email		
ASB Alumni? <i>Class of...</i>		

Were referred to ASB? If so, by whom? _____

Parish Information

*Families who are members of Assumption Parish and St. Bridget Parish must also fill out the Parish Reflection Form, and have their pastor sign it. *The signed reflection should be turned in with this application.*

Is your family registered as parishioners at Assumption Parish? _____ Number of years in parish: _____

Is your family registered as parishioners 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 (if applicable). Has/is 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"/>	_____