



WAITING LIST APPLICATION

GRADE APPLYING FOR: _____ SCHOOL YEAR: **2024-2025**

Please enclose \$50.00 Processing Fee

APPLICATION DATE: _____ APPROVED DATE: _____

(Please Circle One) Mr. /Mrs. Mr. Ms. Mrs.

Family Name: _____

Street Address/ P.O.Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone (_____) _____ Parish _____ Envelope # _____

PARENT / GUARDIAN INFORMATION

MOTHER (if other, please specify _____)

Father (if other, please specify _____)

Name: _____

Name: _____

Mothers Cell (_____) _____

Fathers Cell (_____) _____

Mothers Email: _____

Fathers Email _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: (_____) _____ Ext: _____

Business Phone: (_____) _____ Ext: _____

Religion: _____

Religion: _____

Marital Status: _____

Marital Status: _____

CONTACT INFORMATION

Please complete, with the information for your **nearest relative or friend** whom we may contact in the event we cannot reach you.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

All Saints Catholic School holds Re-Registration for its present students and siblings each January. Each February All Saints fill any openings from those currently on the waiting list. We do accept All Saints Catholic Church parishioners before non-parishioners.

STUDENT INFORMATION

Student Name: _____ Sex: M _____ F _____

Religion: _____ Ethnic Background: _____

Birth Date: ____/____/____ Place of Birth: _____ State: _____

Has Student attended All Saints Catholic School before: N _____ Y _____ **If Yes:** Year/Grade: _____

IF APPLYING FOR KINDERGARTEN, NAME OF PUBLIC SCHOOL CHILD WOULD ATTEND: _____

Present School: _____ Current Grade: _____

Address: _____ City: _____ State: _____

Reason for Transfer: _____

Is your child enrolled in any special classes: Y _____ N _____

If so, Please Document: _____

Does your child have an IEP or 504: Y _____ N _____

Is your child being treated with any prescription medications that need to be administered daily: Y _____ N _____

If so, Please Document: _____

Sacrament	Date	Church Sacrament was performed (Church Name /City/ State)
BAPTISM	____/____/____	_____/_____/_____
RECONCILIATION	____/____/____	_____/_____/_____
1 ST COMMUNION	____/____/____	_____/_____/_____
CONFIRMATION	____/____/____	_____/_____/_____

If student IS NOT living with his / her Natural mother and / or Natural father, Please complete:

Natural Mother: _____

Natural Father: _____

Address: _____

Address: _____

City/State: _____ Zip Code: _____

City/State: _____ Zip Code: _____

Home Phone (____) _____ Bus Phone (____) _____

Home Phone (____) _____ Bus Phone (____) _____

Religion: _____ Marital Status: _____

Religion: _____ Marital Status: _____

I certify that I understand the WAITING LIST application policy procedures and that the information that I have provided on this application is true and correct to the best of my knowledge.

It is understood that my child will comply with all rules and regulations of All Saints Catholic School upon acceptance. I agree to accept and cooperate with the school decisions in matters relating to student discipline and administration.

Signature or Mother/Legal Guardian

Signature of Father/Legal Guardian

Signature of Student

The Catholic Schools of the Archdiocese of Miami restate their open admission policy. No person on the grounds of race, color, or national origin is excluded or otherwise subjected to discrimination in receiving services at any school operated by them. Nor do they hire or assign staff on the basis of their race, color, or national origin.