



**The
Assumption
School**

Application for Admission		Date Received: ____/____/____
Application for School Year: _____		Date Recorded: ____/____/____
Grade Applying for: _____		Fee: ____/____/____ Non-Refundable
Information about Student		
Full Name _____	Male []	Female []
Street Address _____	Date of Birth ____/____/____	
City, State, Zip _____	Religion _____	
Date of Birth _____	Phone # () _____	
Information about Father		
Full Name _____	Religion _____	
Street Address _____	Home Phone _____	
City, State, Zip _____	() _____	
Occupation / Title _____	Cell Phone _____	
Name of Business _____	() _____	
Street Address _____	Work Phone _____	
email: _____	() _____	
Information about Mother		
Full Name _____	Religion _____	
<small>First Name</small> _____ <small>Maiden Name</small> _____		
Street Address _____	Home Phone _____	
City, State, Zip _____	() _____	
Occupation / Title _____	Cell Phone _____	
Name of Business _____	() _____	
Street Address _____	Work Phone _____	
email: _____	() _____	
Information about Person(s) with Whom Student Lives		
Student Lives with [] Both Parents [] Mother [] Father [] Other		
If "Other," Name _____		
Relationship to Student _____		
Language(s) Spoken at Home: _____		
Information about Parent(s) Parish		
Are Parent(s) registered members of the Church of the Assumption? Yes [] No []		
If "Yes," please give your envelope number. _____		
<i>In order to receive a Parishioner Tuition Rate, parent(s) must attend Mass weekly with child.</i>		
If Parent(s) are not members of the Assumption, what parish do they belong to?		
Name of Parish _____		
Location _____		
<i>In order to receive a Catholic with Subsidy Tuition Rate, a letter must be provided from the pastor of your parish stating that he will pay the subsidy.</i>		
Information about Person(s) Paying Tuition and Bills		
Will be Paid by [] Both Parents [] Mother [] Father [] Other		
If "Other," Name _____		
Street Address _____		
City, State, Zip _____		
Phone Number () _____		
Please fill out other side also		

51 North Cliff Street
Ansonia, CT 06401

203.734.0855

Fax
203.734.5521

Additional Information about Student

School Last Attended

Name _____

Street Address _____

City, State, Zip _____

Current Grade _____

Does student have any health concerns? Yes [] No []

If "Yes," please explain. _____

Has student ever received diagnostic/psychological testing? Yes [] No []

If "Yes," a complete copy must be provided to The Assumption School.

Sacraments Received

Baptism

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

First Reconciliation

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

First Communion

Date _____

Name of Church _____

Street Address _____

City, State, Zip _____

Names, Ages, and Current School of Siblings:

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any relatives of the student who are alumni of The Assumption School

Name	Class	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that my child is accepted, my signature below indicated my agreement to abide by all of The Assumption School's guidelines and policies including the following:

- Parents are expected to volunteer their services and expertise within the school.
- Parents agree to adhere to the school's policies as given in the school handbook.
- As part of a contract with the school, parents assume the responsibility of paying all tuition and fees according to the school's tuition policy, and the undersigned agree to pay all costs of collection, including attorneys' fees, should they fail to pay all of such tuition and fees.

Signature of Parents/Guardians (Both parents/guardians must sign)

Date

