



Saint Zachary Catholic School

Building a Foundation for Faith, Family, and Academics

APPLICATION FOR ADMISSION

Admission Process

Submit these items for admission review:

- Please complete ONE form for each child applying.
- Include the original birth certificate and a copy of a baptismal certificate (if Catholic).
- Report cards from previous school for transfer applicants, grade 1 through 7.
- Tuition Scholarships are available (page 1) or contact the principal.
- **PHYSICAL EXAMS WITH VACCINATION RECORDS ARE DUE ON OR BEFORE THE FIRST DAY OF SCHOOL.**
- A non-refundable Registration Fee per family should accompany your application.

Registration Fees are as follows:

- \$300 if submitted on or before 3/31/23
- \$400 if submitted after 4/1/23



APPLICANT INFORMATION

(Complete one form for each child applying)

Applying for Grade _____

Academic Year 2023-2024

Student Name (*Last, First, Middle*) _____ Nickname, if any _____

Male Female Date of Birth _____ Place of Birth (City, State/Country) _____

Address _____

Phone Number _____ Religion _____

Baptismal Information - *If applicable* (date, church, city and state) _____

Last school attended (name, city and state) _____

Race:

American Indian or Alaska Asian Black or African American Hispanic or Latino
 Middle Eastern Native Hawaiian or other Pacific Islander White Two or more races

HOME LANGUAGE IF OTHER THAN ENGLISH _____

Medical conditions or surgeries we should be aware of?: Yes No

If yes, please explain _____

FAMILY INFORMATION

Parent/Guardian #1 Name _____ Cell Phone _____

Email _____ Occupation _____ Employer _____

Parent/Guardian #2 Name _____ Cell Phone _____

Email _____ Occupation _____ Employer _____

Student lives with: Both parents Mother Father Other

If applicant does not live with both parents in one household, please describe living arrangements:

School District Your Child Would Attend: 59 62 Other (please specify) _____

Public school student would attend: _____

Person financially responsible for tuition: _____

Would you like to receive information about Tuition Scholarships? Yes No

Please indicate to whom all school communications should be directed: Mr. & Mrs. Mr. Ms. Miss
 Other

If Other please specify: _____

SIBLING INFORMATION

Sibling #1 Full Name: _____

Birth Date: _____ Grade: _____ Current School: _____

Sibling #2 Full Name: _____

Birth Date: _____ Grade: _____ Current School: _____

SCHOOL INFORMATION

Student's Current School/Preschool _____ Current _____

Grade (Dates Attended) _____

School's Address _____ School's Phone _____

How did you hear about St. Zachary School?

PARISHIONER STATUS

Are you a St. Zachary Parishioner? Yes No If no, please list Parish name: _____

APPLICATION REQUIREMENTS

- Non-Refundable Registration Fee Per Family.
- Copy of Most Recent Report Card and Assessment Scores (*Grades 1-7 only*)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

St. Zachary School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, tuition scholarships, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.

[Program Selection on Next Page >](#)

PROGRAM SELECTION

Please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission. Enrollment in a specific classroom is not guaranteed.

1. EARLY CHILDHOOD

***CHILDREN MUST BE 3 OR 4 YEARS OLD BY SEPTEMBER 1ST AND FULLY POTTY TRAINED TO ENROLL.**

- 3 & 4 Year old PRESCHOOL COMBINED - AM Monday - Friday (8:00 AM - 10:45 AM)

- 3 & 4 Year old PRESCHOOL COMBINED - PM Monday - Friday (12:15 PM - 3:00 PM)

- 3 Year old FULL DAY PREKINDERGARTEN Monday - Friday (8:00 AM - 3:00 PM)

- 4 Year Old FULL DAY PREKINDERGARTEN Monday - Friday (8:00 AM - 3:00 PM)

2. KINDERGARTEN PROGRAM

***CHILDREN MUST BE 5 YEARS OLD BY SEPTEMBER 1ST TO ENROLL IN THIS PROGRAM.**

_____ Full Day Program Monday - Friday (8:00 AM - 3:00 PM)

For office use only:

Date Received _____ Check # _____ Check Amount _____ Cash \$ _____

Parishioner Status _____