



FRASSATI CATHOLIC ACADEMY

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Grade Entering: _____ School Year: 20__ - 20__

Student's Name: _____
Last Name First Name Middle Name

Address of Student's Residence: _____
Street Address City, State, Zip Code

Home Phone Number: _____ Family E-mail: _____

Gender: Male Female Birth Date: ___/___/___ Birth Place: _____
Month/Day/Year City State Country

Race/Ethnicity: White Black/African American Asian Hispanic: Yes
 American Indian/Native Alaskan Native Hawaii/Pacific Islander No
 Two or More Races Unknown

Religion: _____ Church of Attendance: _____

PREVIOUS EDUCATION

Current Grade Level: _____ Name of Most Recent School: _____

Number of Years Attended: _____ Street Address: _____
City State Zip Code

Reason for Leaving: _____

Public School your student would Attend: _____

Is a Second Language spoken in the Home? Yes No If so, please indicate: _____

Has the student skipped a grade? Yes No If so, which grade? _____

Has the student repeated a grade? Yes No If so, which grade? _____

Has the student ever received a disciplinary action/report? Yes No

School suspension? Yes No Probation? Yes No School expulsion? Yes No

Please explain reasons for the disciplinary action/report:

Does the student require special accommodations? Yes No Formal Plan IEP

If yes, please explain:

SACRAMENTAL RECORD

Baptized: _____ / _____ / _____
Y/N Month/Day/Year Name of Church City/State

Reconciliation: _____ / _____ / _____
Y/N Month/Day/Year Name of Church City/State

First Communion: _____ / _____ / _____
Y/N Month/Day/Year Name of Church City/State

Confirmed: _____ / _____ / _____
Y/N Month/Day/Year Name of Church City/State

MEDICAL INFORMATION

Local Physician's Name: _____ Physician's Phone: _____

Please specify any physical limitations or special medication that this student has (including glasses, asthma, allergies, etc.):

FAMILY INFORMATION

Student Lives with: Both Parents Father Mother Other Guardian

If "other guardian" specify name & relationship: _____

Parents' Status: Married Separated Divorced Widowed Single Parent

Joint Custody Father has Custody Mother has Custody

FATHER'S INFORMATION

Mr. Dr.

Last Name First Name Middle Initial

Address: _____
Street Address City, State, Zip Code

Home Phone: _____ Mobile Phone: _____ Email Address: _____

Father's Occupation: _____ Father's Employer: _____

Father's Business Phone: _____ Father's Business Address: _____

MOTHER'S INFORMATION

Mrs. Ms. Miss Dr.

_____ Last Name _____ First Name _____ Middle Initial

Address: _____
Street Address City, State, Zip Code

Home Phone: _____ Mobile Phone: _____ Email Address: _____

Mother's Occupation: _____ Mother's Employer: _____

Mother's Business Phone: _____ Mother's Business Address: _____

SIBLING'S INFORMATION

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADMISSION RULES

A non-refundable fee is required for all applications.
 I/We agree to support the school through active involvement and meeting my/our financial obligations.
 I/We agree to support and participate in the school fundraising events.
 My/Our signature below verifies that the information submitted in this application is true and accurate, and that I/We agree to the rules contained in this document. Both parents are required to sign the application, unless the school specifically permits otherwise.

_____ Father/Guardian Signature _____ Date _____ Mother/Guardian Signature _____ Date

Please return the completed application and application fee to:
 Frassati Catholic Academy, Business Office 316 W. Mill Street, Wauconda, Illinois 60084
 For more information or an appointment, please call the Marketing Director at (847) 526-6311.

REACH FOR THE HEIGHTS

“Verso l’alto.”

- Blessed Pier Giorgio Frassati

MISSION STATEMENT

We at Frassati Catholic Academy strive to teach our children the Catholic faith by promoting their spiritual, academic, social and emotional growth. With an emphasis on the Beatitudes, students will develop their unique God-given talents to lead faith-filled lives as missionary Disciples of Christ. We are committed to supporting parents as the primary educators of their children by nurturing strong partnerships between families, school and parish communities. We entrust this mission under the patronage of Blessed Pier Giorgio Frassati for the benefit of all who pass through our hallways.

CIVIL RIGHTS STATEMENT

Frassati Catholic Academy – Elementary & Middle School, subset of the Office of Catholic Schools with the Archdiocese of Chicago, wishes to restate its open admissions policy. No person, on the grounds of race, color or national origin is excluded, or otherwise subjected to discrimination in receiving services at our school. Nor do we hire or assign staff on the basis of their race, color or national origin of the individuals we are to serve.