



Admissions Application



# QUEEN of ANGELS CATHOLIC SCHOOL

11340 Woodstock Road  
Roswell, Georgia 30075  
tel 770-518-1804 ext.101  
fax 770-518-0945  
www.qaschool.org

## Application for Admission

Date \_\_\_\_\_

Applicant \_\_\_\_\_  
Last First Middle Preferred

Address \_\_\_\_\_  
Street Subdivision

City County State Zip Code

Home Phone \_\_\_\_\_ Home E-mail \_\_\_\_\_

Applicant is a candidate for:

Kindergarten    Grade 1    Grade 2    Grade 3    Grade 4  
Grade 5    Grade 6    Grade 7    Grade 8

Has this student previously applied to Queen of Angels Catholic School?     Yes     No

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Place of Birth \_\_\_\_\_  
Month    Day    Year    City, State, Country

Country of Citizenship \_\_\_\_\_    Language(s) spoken at home \_\_\_\_\_

Religious Affiliation \_\_\_\_\_    If Catholic, Parish \_\_\_\_\_

## Education History

Present School \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip Code

School Phone \_\_\_\_\_

Has the applicant ever been before a disciplinary board or suspended from any school? \_\_\_\_\_

List all previous schools the applicant has attended.

<i>School Name</i>	<i>Grades</i>
_____	_____
_____	_____
_____	_____

### Optional Information

If the applicant wishes to be identified with a particular ethnic group, please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian, Native Alaskan | <input type="checkbox"/> Multi-racial                      |
| <input type="checkbox"/> Asian                           | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> Black                           | <input type="checkbox"/> White                             |
| <input type="checkbox"/> Hispanic                        |  |

## Parent/Guardian Information

### Father/Guardian

Name \_\_\_\_\_  
*Title First Middle Last Preferred, if different*

Address \_\_\_\_\_  
*(If different from applicant's) Street*

\_\_\_\_\_ *City State Zip Code*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Education \_\_\_\_\_  
*School(s) attended, degree(s) received*

### Mother/Guardian

Name \_\_\_\_\_  
*Title First Middle Last Preferred, if different*

Address: \_\_\_\_\_  
*(If different from applicant's) Street*

\_\_\_\_\_ *City State Zip Code*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Education \_\_\_\_\_  
*School(s) attended, degree(s) received*

*Please check all that apply to the applicant.*

*Parents are:*

- married       divorced or separated       mother deceased       father deceased

*Applicant resides with:*

- both parents       mother       mother and stepfamily       grandparent(s)  
 father       father and stepfamily       guardian

*List all children in the family in order of birth.*

Name	Sex	Age	Current School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please include other information that you think is important for the admission committee and administration to know about your family.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Special Needs/Special Testing

Please check all that apply to the applicant in order for our admissions team to best understand your child's learning style and differences:

- My child has an IEP (Individualized Education Program) or Section 504 Plan.
- My child has a current or recurrent illness.
- My child has been identified as physically challenged.
- My child has been identified as having learning differences.
- My child has been identified as gifted.
- None of these conditions apply.**

My child has had or has been referred for the following testing or evaluations:\*

- Psycho-educational testing (by public school, private school or private service)
- Medical conditions such as ADHD, anxiety, depression or other behavioral/emotional concerns
- Autism Spectrum
- Sensory Integration
- Occupational Therapy
- Speech and Language Processing
- Auditory Processing
- Visual Processing
- None of these conditions apply.**

Please describe any special services, tutoring programs or other accommodations that your child is currently receiving or has received in the past.

---

---

\*Documentation of all testing and evaluations must be included with this application. Discovery of the existence of this information without parental disclosure will affect your child's continued enrollment in our school.

## Parent Perspective

*Please provide us with your perspective on your child. Describe your child's strength's and abilities, special areas of interest, and concerns. We appreciate your effort in trying to help us know your child better. Please attach an additional page if necessary.*

---

---

---

---

## Statement of Accuracy and Authenticity

*I have read and understood this application and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to Queen of Angels Catholic School any changes contained herein, even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to reconsider the admission of this applicant.*

---

Signature of Parent/ Guardian

---

Date

---

Signature of Parent/ Guardian

---

Date

*Please attach a recent photo of the applicant.*