Admissions Application

Mother Brunner Catholic School
4870 Denlinger Road, Dayton, Ohio 45426
Phone: 937.277.2291 Fax: 937.277.2217
www.brunnercatholicschool.org

Student's Information:

Legal Name: _____
Last First Middle Nickname

Address_____
Street City State Zip

Gender: ○ Male or ○ Female Current Grade: _____ Current School: _____

Birth date: _____ Place of birth _____
Month – Day – Year City & State

Ethnic Background: ○ African-American ○ Caucasian ○ American Indian/Alaskan Native ○ Asian ○ Hispanic
(Optional) ○ Multi-Racial ○ Pacific Islander ○ Other

Public School District of Residence_____

Student resides with: ○ Mother & Father ○ Mother only ○ Father only ○ Mother & Stepfather
○ Father & Stepmother ○ Guardian ○ Other (_____)

Who has legal custody of this Student? _____

Is there a court order regarding this student: ○ Yes ○ No ***If yes, copy must be provided to the school***.

Name of Mother\Guardian: _____ Religion_____
□ Mother □ Stepmother □ Guardian □ Deceased □ Other Marital Status: _____

Address _____
City State Zip

Primary Phone # _____Alternative phone #: _____email address_____

Occupation: _____ Place of Employment: _____ Work Phone # _____

Name of Father\Guardian: _____Religion_____
□ Father □ Stepfather □ Guardian □ Deceased □ Other Marital Status: _____

Address_____
City State Zip

Primary Phone #_____Alternative phone #: _____email address_____

Occupation: _____ Place of Employment: _____ Work Phone # _____

Additional Contacts: Please list name, contact phone number and relationship to student:

1._____

2._____

3._____

Please complete the other side of form

Siblings: Names/Ages Grade School

_____

_____

_____

Previous school(s) student attended: _____

Has student had any previous grade retention? ○**Yes** ○ **No** - If yes, which grade? _____

Does student receive any special education needs or help? ○**Yes** ○ **No** If yes, in what areas: _____

Does the student have and IEP? ○**Yes** ○ **No** If yes, disability category: _____

If yes to IEP, a copy of the current IEP must be returned with this application paperwork to Mother Brunner.

Any health problems? ○**Yes** ○ **No** If yes, what: _____

Is student on any type of medication? ○**Yes** ○ **No** If yes, what: _____

Student Religious Education Background:

Is Student Catholic: ○Yes ○No

Sacraments	Baptism	Reconciliation	First Communion	Confirmation
DATE				
CHURCH				
ADDRESS				
CITY & STATE				

Is your Family an active contributing member of a Catholic Parish? ○**Yes** ○ **No**

Does your family regularly attend Mass/services at your Church? ○**Yes** ○ **No**

What Church is the family a member? _____

SPECIAL NOTES:

- Additional information about your child that you feel we should know may be stated on a separate sheet of paper.
- Please provide copies of most recent report card and standardized test results at the time of application
- Once your student has been accepted you must request the transfer of all of your child's academic and health records. These must be in our School Office prior to entry in the fall.
- Completion of Admissions Application form does not guarantee enrollment to our school.

Agreement:

- I give my permission for my son/daughter's picture or quotation to be used by this school and/or the Archdiocese of Cincinnati in promotion of this school, the Archdiocese, and/or Catholic Education ○**Yes** ○ **No**
- I give permission for my contact information to be included in Mother Brunner Catholic School phone notification system One Call Now ○**Yes** ○ **No**
- I verify that all information provided is true and consistent with all tuition aid forms, if completed. I agree to follow the policies and regulations of Mother Brunner Catholic School.

SIGNATURE _____ ***DATE*** _____

Parent/Guardian that completed this form