



Application for Admission

3155 Paulskirk Drive • Ellicott City, MD 21042 • 410-461-9111

www.resstpaul.org

Date: _____

Student Name: _____ / _____ / _____
Last First Middle Name Used at School

Address: _____ / _____ / _____
Street City State Zip Code

County: _____ Home Phone: _____

Public School Assignment: _____ School of Transfer: _____

Reason for Transfer: _____

Grade Entering RSPS: _____ Date of Birth: _____ Age: _____ Gender: _____

Ethnicity: _____ (W / white; H / Hispanic; A / Asian; B / Black; M / multi; P / Pacific Islander, I / Native American)

Religion: _____ Parish*: _____ Envelope #: _____

*A Letter of Good Standing from your Pastor is required for registered Catholics who are not parishioners of Church of the Resurrection or St. Paul Church

FATHER:

Name: _____ Relationship to Student: Biological / Step / Guardian

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email Address: _____

Address: _____ / _____ / _____
(if different) Street City State Zip Code

Marital Status (please circle): Married Separated Divorced Widowed

MOTHER:

Name: _____ Relationship to Student: Biological / Step / Guardian

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email Address: _____

Address: _____ / _____ / _____
(if different) Street City State Zip Code

Marital Status (please circle): Married Separated Divorced Widowed

Student lives with (please circle): Both Parents Mother Father Other _____

Are there any custodial issues that the school should be aware of? YES (please provide) NO

OVER

SIBLINGS: (please check box if sibling(s) is/are being enrolled in RSPS)

- Name: _____ Gender: _____ Age/Grade: _____
- Name: _____ Gender: _____ Age/Grade: _____
- Name: _____ Gender: _____ Age/Grade: _____
- Name: _____ Gender: _____ Age/Grade: _____

Pre-K parents only:

Is your child potty trained? YES NO

All students must be potty trained by the first day of school for acceptance

Are you applying for the full or part time program? Full-time Part-time

STUDENT:

1. Has your child been individually administered any of the following assessments (circle all that apply):

- | | | | |
|--------------------|---------------|--------------|----------------------|
| Executive Function | Educational | Speech | Language |
| Psychological | Developmental | Motor Skills | Occupational Therapy |

2. Has your child been evaluated for the following: ADHD Learning Differences

If yes, please provide copies of the evaluation

3. Has your child ever qualified for an IEP or 504 accommodations? YES NO

If yes, please provide copies of IEP, 504, or other testing

4. Does your child see the school counselor on a regular basis? YES NO

5. Does your child see an outside counselor on a regular basis? YES NO

6. If yes to 4 and/or 5 above, please explain: _____

Did anyone refer you to Resurrection-St. Paul School? YES NO

If yes, please provide the name of who referred you to our school: _____

If no, how did you hear about our school? _____

Sacraments

Location of Baptism: _____ Date: _____

Location of First Eucharist: _____ Date: _____

Location of First Reconciliation: _____ Date: _____

Location of Confirmation: _____ Date: _____

To be considered for admission to Resurrection-St. Paul School, this application must be accompanied by:

- \$100 non-refundable application fee, payable by check or money order
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if applicable)
- Copy of recent standardized test scores and report card (grades 1-8 only)
- Letter of Good Standing from parish (if applicable)

Parent/guardian signature below indicates that the information provided on this application is accurate:

Parent Signature

Printed Name

Date

For Official Use Only:

Check #: _____ Money Order #: _____ Date received: _____ (ver. 1.12)