



MISHAWAKA CATHOLIC

*Believe • Achieve • Succeed*

## **Application Packet 2017-2018**

Thank you for your interest in Mishawaka Catholic School! To apply for admission to Mishawaka Catholic School, we require the following:

1. Application for Admission
2. Photocopy of Birth Certificate
3. Photocopy of Baptismal Certificate (if applicable)
4. Photocopy of child's latest report card if applying for grades 1-4. Photocopies of report cards for the previous three school years (2014-15, 2015-16, 2016-2017) if applying for grades 5-8.
5. A current photo of your child
6. A non-refundable Registration Fee of \$50.00. Your check should be made payable to "Mishawaka Catholic School." The payment of this fee does not guarantee acceptance.

***The school office must receive all of the above items (except #4 for students entering Kindergarten for the first time) before your application is considered complete and can be processed.***

You will receive notice once your completed application is received. At that time we will schedule your child's placement testing date. All children whose families have submitted completed applications will be interviewed and assessed in reading, writing and math. In the event that there are no openings for a particular grade, the child will be placed on a waiting list.

You will be notified regarding your child's placement. For any questions, please call 574-255-5554.

## **Mission**

Mishawaka Catholic School builds disciples of Jesus Christ through faith formation, academic excellence and service to others in accordance with the teachings of the Roman Catholic Church.

## **Admission Policy**

It is the goal of Mishawaka Catholic School to educate the whole child. Registration means that the family is willing to comply with the programs and policies of the school and actively participate in the activities that support the school in its programs and philosophy. The goal of the Catholic school is to assist Catholic families in the formation and education of their children in the Catholic faith. It is of utmost importance that parents constantly seek to remind themselves that their support of the school, especially in regards to prompt payment of tuition, and a willingness to volunteer in school projects, is a pre-requisite to re-registration and a condition for continued presence in school. The school may deny re-admission to any family delinquent in tuition, or who has not met the contractual requirements. In addition, failure to support the philosophy, objectives, and policies of the school may also result in a bar to re-admission.

## **Entrance Requirements**

**Minimum age;** to be admitted into **Kindergarten a child must be five years of age by August 1<sup>st</sup>** of the year entering Kindergarten. To be admitted into the **first grade a child must be six (6) years old by August 1<sup>st</sup>** of the applicable school year. A child that has been legally enrolled in another school, may be admitted to Mishawaka Catholic School and placed in a lower grade as age appropriate at the discretion of the admitting school.

## **Transfer Student Process and Requirements**

All financial obligations to the previous school must be current. To complete enrollment in Mishawaka Catholic School, the school office must receive an official transcript from the student's prior school.

## **Special Needs**

Mishawaka Catholic School strives to meet the needs of all children. Please help by making us aware of any special needs regarding your child/children. Previous test and assessment results must be made available to the school at the time of application.



**Educational History**

Please list all schools this student has attended, beginning with the most recent. (Use an extra sheet of paper, if necessary.)

	Years: -	Years: -	Years: -
<b>Name of School</b>			
<b>Address</b>			
<b>Grades attended</b>			
<b>Reason for leaving:</b>			

**If your child is currently attending a non-public school and if so, are all financial obligations to that school current?** Yes No

**Accommodations/Special Needs**

The following information will help us to best serve your child’s needs.

What language is most often spoken in your child’s primary residence? \_\_\_\_\_

Does this child have any medical concerns/chronic condition/disabilities? Yes No

If “Yes,” please describe. \_\_\_\_\_

Does this child take any medication on a regular basis? Yes No

If “Yes,” please give the name of the medication and reason for taking it. \_\_\_\_\_

\_\_\_\_\_  
Please describe any physical and/or academic accommodations needed: \_\_\_\_\_

\_\_\_\_\_





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## Parent Questionnaire

Here is what we would like you to know about our family:

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Why is a Catholic school education at Mishawaka Catholic School important to your family?

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What is the most important aspect of an elementary school curriculum for your child?

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What do you see as your role in your child's education?

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Families are currently required to complete twenty-five hours per year of service to the school. What interests, talents, or resources would you be interested in sharing with our school?

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Your child will receive daily religious instruction in the traditions, doctrine and sacramental life of the Catholic Church. As the primary educator of your child/children, how will you support and encourage his/her growth and development of faith within this Catholic school and at home?

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I/we heard about Mishawaka Catholic School from:

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*I have read and understand Mishawaka Catholic School Acceptance Policy.*

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**We require that your child’s current school submit the following evaluation form directly to Mishawaka Catholic School. This form is necessary to complete your application.**

## **Request for Current School Information Prior to Acceptance**

To the current teacher and/or principal of : \_\_\_\_\_  
(Child’s name – please print)

**Please release the requested information for the above-named child and return it to Mishawaka Catholic School at your earliest possible convenience. Our application to Mishawaka Catholic School will not be complete until this form is received.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Present Grade of Student:	Length of time at this school:
Has attendance been satisfactory?	
Please rate the following areas using this scale: E = Excellent   G=Good   F=Fair   U=Unsatisfactory	
General Attitude _____	Relationship with teacher _____
Cooperation _____	Relationships with peers _____
Effort _____	School study habits _____
Conduct _____	Home study habits _____
Is this student currently receiving or has s/he received any special services or educational testing? (i.e., speech and language, resource, tutoring)	

Does this student currently have an IEP or 504 Plan?
Do you have any other concerns about this child?
Additional remarks:

Name of person completing this report (please print):
Signature of person completing this report:
Title: _____ Date: _____
School Name:
School Address:
School Phone: (    )

***Thank you for taking the time to complete this form. You may return this form to Mishawaka Catholic School by mail, email or you may fax it to (574) 255-6381.***





# Mishawaka Catholic School New Student Registration

Student's Name \_\_\_\_\_ Sex  M  F  
 Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_ in the 2017/18 academic year.  
 Student's Primary Home Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Name of public school student would attend if not attending MCS? \_\_\_\_\_  
 Student's Religion  Catholic  Other \_\_\_\_\_  
 Is a registered active member of \_\_\_\_\_ Parish.  
 Baptism: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Holy Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you receive a Voucher or SGO for any previous school year?  Yes  No Where: \_\_\_\_\_  
 Has this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)?  Yes  No If yes, what services were received? \_\_\_\_\_  
 \_\_\_\_\_  
 Medical Conditions (Allergy, Asthma, Heart Condition, etc. Please be specific): \_\_\_\_\_  
 \_\_\_\_\_

Student live with:  Both Parents  Father  Mother  Stepfather  Stepmother  
 Other: \_\_\_\_\_  
 Parents' Marital Status:  Married  Single, never married  Divorced  Separated  
 (A copy of custody/guardianship papers required)

Mother's or Guardian's Information	Father's or Guardian's Information
First Name _____ Last Name _____	First Name _____ Last Name _____
Religion: _____	Religion: _____
Home Address if different from Primary: _____ _____	Home Address if different from Primary: _____ _____
Cell Phone: _____	Cell Phone: _____
E-Mail Address: _____	E-Mail Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____

Student's Ethnicity/Race Data – Both Questions must be answered (for statistics only):  
 Is this individual Hispanic/Latino? (Choose only one)  No, not Hispanic/Latino  Yes, Hispanic/Latino  
 What is the individual's race? (Choose all that apply)  
 American Indian/Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White  
 Is there a language other than English often spoken in the home?  Yes, what? \_\_\_\_\_

Please include a non-refundable \$50 registration fee. Fee amounts may be totaled on one check, made payable to Mishawaka Catholic School. Please provide a copy of Birth Certificate, Baptismal Certificate (if applicable) and Immunization records.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only  
 Date Received: \_\_\_\_\_ Payment Received:  Y /  N By: \_\_\_\_\_ Payment Method: \_\_\_\_\_