

145 GOOD COUNSEL DR.
MANKATO, MN 56001
507-388-0600



LOYOLA
CATHOLIC
SCHOOL

APPLICATION FOR ADMISSION

SECTION 1 - Applicant Information

Student Legal Name: _____
(Last) (First) (Middle)
Name by which student is called: _____ Social Security # _____ -- _____ -- _____
Birth Date: _____ / _____ / _____ Gender: (circle) M F
(Month) (Day) (Year)

Grade Enrolling (K-12 Only): _____

Preschool Only (Circle One option): (T/TH am) (M/W/F am) (M-F am) (M-F Pre-K)

Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Student Cell Phone: _____
Parish/Church Affiliation: _____ Religious Denomination: _____

Student resides with (circle): Parents, Mother, Father, Mother/Stepfather, Father/Stepmother, Mother/Father 50%, Guardian, Other.
(If other, please identify) _____

Citizenship: U.S. Citizen Other: _____

First Language: _____ Language spoken at home: _____

Ethnicity: (optional) White Hispanic/Latino African American/Black Asian
 American Indian or Alaska Native Multiracial Other
 Native Hawaiian or other Pacific Islander

School District of Residence: #77 Mankato/N. Mankato Other: _____

Preschool Applicants ONLY (If not, skip to Section 2)

Pick Up Authorization - The following may pick up my child from preschool. I will inform my child's teacher each time a special pick up is necessary.

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

The following may not pick up my child from preschool. (If Applicable)

Name: _____ Name: _____

Medical Information

Child's Physician: _____ Phone Number: _____
Child's Dentist: _____ Phone Number: _____

Additional Information

I permit my child to go on walking field trips on the Good Counsel Campus. (circle) Yes No

Is your child toilet trained? (circle) Yes No

SECTION 2 - Family Information

Parent #1/Guardian

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Use **this** cell phone number as family home number

Parent #1/Guardian Social Security # _____ -- _____ -- _____

Email address: _____

Parish/Church Affiliation: _____ Religious Denomination: _____

Spouse: _____ List Spouse on correspondences? (**circle**) Yes No

Employer: _____ Title/Job: _____

Work Phone: _____ Employer Address: _____

Parent #2/Guardian

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Use **this** cell phone number as family home number

Parent #2/Guardian Social Security # _____ -- _____ -- _____

Email address: _____

Parish/Church Affiliation: _____ Religious Denomination: _____

Spouse: _____ List Spouse on correspondences? (**circle**) Yes No

Employer: _____ Title/Job: _____

Work Phone: _____ Employer Address: _____

SECTION 3 - Emergency Contact Information

Emergency contact information must be updated each school year. Please provide contact information for individuals who may be called in case of an emergency when parents/guardians are not available.

Name: _____ Relationship to applicant: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship to applicant: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 4 - Academic Information

Has this student previously applied to Loyola Catholic School? _____ If yes, what year? _____

Has this student previously attended Loyola Catholic School? If yes, what years? _____

Transfer Student Information

*Please complete this section if your student is transferring from another K-12 school to Loyola Catholic School. **School Records (transcripts, test scores, grades, health records) and Official Transcripts will be requested from the student's previous school.***

Previous School: _____

Address: _____

Phone: _____ Fax: _____

Please answer the following questions: **(circle)**

Has your child ever been on an IEP/ISP? Yes No **If yes, please include a copy of the most recent IEP/ISP.**

Has your child ever been on a 504? Yes No **If yes, please include a copy of the most recent 504.**

Has your child ever been in a gifted and talented program? Yes No

Has your child ever been suspended from any school? Yes No

Has your child ever been expelled from any school? Yes No

Does your child have any special physical considerations? Yes No

If yes to any of the above, please explain: _____

SECTION 5 - Permissions and Consent

1) In case of early dismissal due to inclement weather conditions, my child will **(circle only 1 option)**

Go home on bus Be picked up Drive Self

2) I give permission for my child's picture to be taken for promotional brochures and school advertising. **(circle)**

Yes No

3) I give permission for my child to use the Internet for the school year. **(circle)**

Yes No

4) I give permission for my email, home address and phone number to be published in a school directory. **(circle)**

Yes No

5) Materials and Services

The State of Minnesota authorizes local public school districts to provide services/materials to nonpublic students at no extra charge. These services/materials must be requested for each student each year in order to receive funding from the State of Minnesota. ***This funding is significant to Loyola Catholic School's budget with no additional charge to the student's family.***

Please circle any service you **refuse**:

Textbooks/Materials Health Service Guidance/Counseling

SECTION 6 - Volunteering at Loyola

Loyola Catholic School relies on parent volunteers to help fulfill the mission of the school. Your help is appreciated!

_____ Yes, I am interested in volunteering

SECTION 7 - LCS Sibling Information

Please list any siblings of your child who are currently attending Loyola Catholic School.

Name: _____ Relationship: _____ Grade: _____

Name: _____ Relationship: _____ Grade: _____

Name: _____ Relationship: _____ Grade: _____

Name: _____ Relationship: _____ Grade: _____

SECTION 8 - Legal Information

It is the responsibility of custodial parents/guardians to provide legal documentation to Loyola Catholic School if non-custodial parents/guardians may not receive information or have contact with their child. **Without this documentation on file, Loyola Catholic School will provide student information to non-custodial parents/guardians when asked. If you have documentation regarding legal restrictions, provide a copy to: Admissions, Loyola Catholic School, 145 Good Counsel Drive, Mankato, MN 56001. Omission or withholding of any and all pertinent information may result in denied admittance to Loyola Catholic School.**

Preschool Emergency Information

I hereby grant permission for the Director or Supervisory staff person to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following: Contacting a parent or guardian through persons listed on this form; contacting the child’s physician; In a case where we cannot contact you or your child’s physician: Calling an ambulance; A staff member bringing the child to the emergency room; Any expenses incurred will be borne by the child’s family.

SECTION 9 - Information Verification

This application must be signed, and the following must be completed for admittance into Loyola Catholic School.

Email to: acasteel@loyolacatholicschool.org or delivered to Admissions Office. Thank you.

_____ I have attached a copy of the student’s Birth Certificate (***Must be submitted with Application***)

_____ I have established my tuition payment plan in Smart Tuition: www.enrollwithsmart.com

_____ If requesting financial assistance, I have applied with Smart Aid: <https://smartaidforparents.com> (School Code: 13342)

_____ I have reviewed Tuition Policy: <http://www.loyolacatholicschool.org/wp-content/uploads/Tuition-Policy-2018-2019.pdf>

Parent/Guardian Signature: _____ **Date:** _____

LCS OFFICE USE ONLY

Information Verification

Administrator’s signature: _____ Date received: _____

_____ Smart Tuition Payment Plan

_____ Copy of Birth Certificate

_____ Immunization Records (***Pre / K only***)

_____ Preschool/Pre-K Health Form

_____ Food Services Account

_____ Request for Records

Notify: ADMIN _____ FIN _____ FDSV _____ RZED _____