

St. Gregory the Great Catholic School
“United in Spirit through Faith in God and Academic Excellence”
APPLICATION FOR ADMISSION
Pre-K – Kindergarten

School Year _____

Date: _____

Student's Name: _____ Date of Birth: _____

Address: _____ Entering grade: _____

Home Phone: _____

Present Parish: _____

Pre-School previously attended: _____ Dates attended: _____

Kindergarten: _____ Dates Attended: _____

Please return this application as soon as possible. Once the completed application is received, testing for incoming Kindergarten students will be scheduled, and a non-refundable fee of \$25 will be collected.

You will be called about the admission status of your child. Upon acceptance of your child, an appointment will be made to complete the registration process. The following original documents are necessary to begin the registration process: **Child's Immunization Record** and **Birth Certificate**. These documents will be copied for our files.

According to the law, a child must be the following ages on or before September 1 to enter the specific grades: (3 yrs for Pre-K 3),(4 yrs for Pre-K 4),(5 yrs for Kindergarten), (6 yrs for 1st grade).

Please provide a name and daytime phone number of the person to contact with information regarding the status of the admission of your child.

Contact Person: _____ Relationship to student: _____

Daytime Phone number: _____

Office Use Only: Records sent for: _____ **Received:** _____

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