



NORTH LITTLE ROCK CATHOLIC ACADEMY
"Affordable Quality Catholic Education"

1518 Parker Street North Little
Rock, AR 72114
501-374-5237

Date of Application

Please complete this application and return it to NLR Catholic Academy with the requested documents.
No admission decision can be made until all documents that pertain to your child have been received.
\$75.00 per child application fee to initiate the admission process [make check payable to NLR Catholic Academy]

Parish Voucher (enclosed).

New Students Only

- Copy of Birth Certificate
Copy of the student's Baptismal Certificate, if Catholic
Copy of the student's current year report card and previous year final report card.
Copy of the student's current and previous year standardized test scores Proof of Immunizations

Student Information

Full Name Preferred Name

Permanent Address

City State Zip

Telephone Number Date of Birth Male Female

Keiigion Roman catholic If Catholic Parish registered in
Other City, State

If Catholic, has applicant received First communion? yes No If yes, date received

Name of Parish 1st Communion received

Has applicant ever been enrolled in an area Catholic School? Yes No

If yes, last year enrolled? Name of School?

Grade Entering Ethnic Background

Mother's Name (or Legal Guardian)

Parent Information: Single Married Divorced Widow Home Phone

Address: City State Zip

Cell Phone Business Phone Email

Employment Occupation

Father's Name (or Legal Guardian) Home Phone

Parent Information: Single Married Divorced Widow

Address: City State Zip

Cell Phone Business Phone Email

Employment Occupation

Names of other children currently enrolled in school:

Name School Gr

Name School Gr

School Information:

Currently in grade _____ Present School _____

City _____ State _____ Zip _____

Name of principal or head of school _____

School Telephone _____

Previous Schools applicant attended _____ Grade Completed _____

_____ Grade Completed _____

_____ Grade Completed _____

Grade repeated, if any _____

Has the applicant ever received auxiliary services such as outside tutoring, psychological or educational testing, Speech/language assistance, or professional counseling? _____ Yes _____ No

If yes, explain _____

Please Provide a copy of any test results.

Is your student receiving additional services such as gifted program, speech, language, or learning support?.

If English is not the primary language spoken at home, what is? _____

EMERGENCY/HEALTH INFORMATION

In the event of an emergency, if you are unable to reach me, please contact one of the following.

Name	Name
Address	Address
City	City
State	State
Relationship to child	Relationship to child
Phone	Phone
Phone	Phone

List any other health or learning consideration needed for this child _____

Has the applicant been hospitalized for significant medical treatment? If yes, please describe..

Has a physician ever prescribed any medication for attention or emotional concerns, or is the applicant presently receiving such medication? _____ Yes _____ No

If yes, list medication and possible side effects _____

These statements are true and accurate to the best of my knowledge. I understand that if pertinent information is not included or falsified, that my student's acceptance could be jeopardized or result in his/her removal from the school in the future. I enclosed a check for the application fee of **15** per student applying for admission to the North Little Rock Catholic Academy.

This application is a contractual agreement with North Little Rock Catholic Academy and the signed party.

Signature of parent or guardian