



# ST. MALACHY CATHOLIC SCHOOL

## Application for Enrollment

Today's Date \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Sex: ☐ M ☐ F Ethnicity: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Application Grade: \_\_\_\_\_ Native Language: \_\_\_\_\_

Length of US Residence: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Legal County of Residence: \_\_\_\_\_ Legal School Corporation: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Addresses: \_\_\_\_\_

Formation schools: Beginning with the most recent school attended list in order school names, addresses and dates attended:

School Name	Address	Phone	Dates Attended
School Name	Address	Phone	Dates Attended
School Name	Address	Phone	Dates Attended
School Name	Address	Phone	Dates Attended

## PARENTS' INFORMATION

### FATHER

Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

St. Malachy graduate? ☐ Yes ☐ No Year: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

### MOTHER

Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

St. Malachy graduate? ☐ Yes ☐ No Year: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Applicant lives with (Name and Relationship): \_\_\_\_\_

Applicant's Religion/Baptismal Site: \_\_\_\_\_

Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Mother Deceased ☐ Mother Remarried  
☐ Father Deceased ☐ Father Remarried ☐ Other \_\_\_\_\_

### HEALTH HISTORY

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Did your child have any problems immediately at or after birth? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child wear glasses? ☐ Yes ☐ No Any other eye problems? \_\_\_\_\_

\_\_\_\_\_

Does your child have a hearing problem/or have frequent ear infections? ☐ Yes ☐ No

Does your child have limitation in activities? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Does your child have a specific health problem such as: ☐ Heart ☐ Convulsions ☐ Diabetes ☐ Ear/Throat Problem

☐ Allergies ☐ Asthma ☐ Other Describe: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication regularly? ☐ Yes ☐ No Describe: \_\_\_\_\_

\_\_\_\_\_

Does your child carry an Epi Pen? ☐ Yes ☐ No If yes, where \_\_\_\_\_

Are you concerned about your child's learning style? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any speech and/or occupational therapy? ☐ Yes ☐ No Type of Therapy and Dates: \_\_\_\_\_

\_\_\_\_\_

Has your child received ENL (English Native Language) services? ☐ Yes ☐ No

Does your child have an Individualized Education Plan (IEP) or 504 Plan? ☐ Yes ☐ No If yes, please attach a current copy of the IEP, 504, plan, or service plan.

## FAMILY HISTORY

Please list name, age and grade in school of Applicant's brothers and sisters: \_\_\_\_\_

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Are you a registered St. Malachy parishioner? ☐ Yes    ☐ No    If not, in what Parish/Church are you currently registered? \_\_\_\_\_

Please tell us about your child. We must know your child as a total person to meet our educational mission. Write a short description of your child. This information is confidential and is needed so that we may be able to better serve your child. (If this is a kindergarten application, please tell us about your child's pre-school and/or day care program. Feel free to include examples and/or reports from your child's preschool/day care experience.)

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Please complete all information. All students grades 1-8 applying for St. Malachy Catholic School admissions, will take part in a screening process. You will receive notice of the date and time for this interview with the principal. A non-refundable registration fee must be paid before application will be considered complete. Copies of birth and Baptism certificates (unless baptized at St. Malachy Catholic Church) are required. Immunization records must be completed. Standardized test scores and/or report cards from previous school are required for Grades 1-8 applicants. Copies are acceptable. You will be notified of your admission status by the principal. Only the principal may admit students to St. Malachy Catholic School. All admission questions are to be directed to the school office. Thank you for your application.

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Is there any additional information you wish to share with us? \_\_\_\_\_

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# **St. Malachy Catholic School**

7410 N. County Road 1000 East  
Brownsburg, Indiana 46112

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Mrs. Angela Bostrom, Principal

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Extension 7208

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Mrs. Lori Koontz, Secretary

Extension 7203

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