



226 Black Oak Boulevard, Summerville, SC 29485 ■ Phone 843-873-9310 ■ Fax 843-873-5709
www.summervillecatholic.org

Summerville Catholic School 2018-2019 Application for Admission

Instructions

Please complete the application in its entirety. After completed, please return the application to the school office at the attention of Zara Rushin.

Email to zrushin@summervillecatholic.org

Fax to 843.873.5709

Registration and Enrollment

After receiving acceptance notification, parents will be provided information necessary to complete the registration and enrollment process.

We appreciate your interest and look forward to meeting you. If you have any questions, please feel free to contact us 843-873-9310.

Sincerely,
Admissions/Enrollment Staff

Applicant Information

Student Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____ Grade Completed: _____

Does the applicant have an IEP or 504 plan? YES NO

Previous School: _____

Student Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____ Grade Completed: _____

Does the applicant have an IEP or 504 plan? YES NO

Previous School: _____

Student Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____ Grade Completed: _____

Does the applicant have an IEP or 504 plan? YES NO

Previous School: _____

Student Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____ Grade Completed: _____

Does the applicant have an IEP or 504 plan? YES NO

Previous School: _____

Household Information

Religious Affiliation: _____

Are you a registered member at one of our supporting parishes? YES NO

Supporting Parishes:

St. John the Beloved Catholic Church

St. Theresa the Little Flower Catholic Church

Immaculate Conception Catholic Church

St. Thomas the Apostle Catholic Church

St. Philip Benizi Catholic Church

Are you active duty military? YES NO

Home Address: _____

Parent/Guardian Information

Name: _____

Relationship to Student: _____

Email Address: _____

Phone Number: _____

Name: _____

Relationship to Student: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date(MM/DD/YY): _____