



226 Black Oak Boulevard, Summerville, SC 29485 ■ Phone 843-873-9310 ■ Fax 843-873-5709  
[www.summervillecatholic.org](http://www.summervillecatholic.org)

## Summerville Catholic School 2025-2026 Application for Admission

### Instructions

Please complete the application in its entirety. If you have any questions, contact Zara Rushin at 843.873.9310. After completed, please return the application to the school office.

Email to [zrushin@summervillecatholic.org](mailto:zrushin@summervillecatholic.org)  
Fax to 843.873.5709

### Applicant Information

Student Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_  
Does the applicant have an IEP or 504 plan?  Yes  No  
Previous School: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_  
Does the applicant have an IEP or 504 plan?  Yes  No  
Previous School: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_  
Does the applicant have an IEP or 504 plan?  Yes  No  
Previous School: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_  
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  
Immaculate Conception Catholic Church

St. Theresa the Little Flower 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: \_\_\_\_\_

**Submit Completed Application To:**  
**Zara Rushin**  
**Admissions Director**  
[zrushin@summervillecatholic.org](mailto:zrushin@summervillecatholic.org)  
**Fax 843.873.5709**

**Registration and Enrollment**

Applications will not be processed unless it is completed in its entirety. Submission of the application does not complete the enrollment process.

After the application has been submitted and approved, Summerville Catholic School will provide parents/guardians information via email on how to complete the registration and enrollment process.