



Kindergarten through Eighth Grade

Application for Admission

CHILD(REN)'S INFORMATION

Name: _____

Birthdate: _____

Address: _____

Religion: _____

Parish Affiliation: _____

PARENT/GUARDIAN 1 INFORMATION

Name: _____

Phone Number: _____

Address: _____

Email: _____

Occupation: _____

Relationship: _____

Has Custody: ☐ Yes ☐ No

STUDENT EDUCATIONAL BACKGROUND

Applying for Grade _____

Current Grade _____

Current School: _____

Current School City/State: _____

Number of Years attended: _____

Has your child ever repeated a grade?

____ No ____ Yes: Grade level _____

PARENT/GUARDIAN 2 INFORMATION

Name: _____

Phone Number: _____

Address: _____

Email: _____

Occupation: _____

Relationship: _____

Has Custody: ☐ Yes ☐ No

Siblings: List names/birthdates:

_____	_____
_____	_____
_____	_____

SPECIAL SERVICES

☐ No, my child has never been identified for any special services.

☐ Yes, my child has been identified for special services. Please check all that apply.

____ Hearing Loss

____ Speech Language Disability

____ ADD/ADHD

____ PT or OT Therapy

Does your child have an IEP, 504 Plan or SEGO? ____ NO ____ Yes: Date of most recent plan _____.

I understand that I must submit all Special Education or 504 documentations in order for my child's application to be considered.

Please complete the following sections of this application.



LEGAL CUSTODY: Student lives with:

Both natural parents: _____ Mother as custodial parent _____ Father as custodial parent _____
Grandparent(s) with legal custody _____ Other, please explain _____

Is there a court order (or pending order) affecting the custody or residency of the child(ren) No _____ Yes _____

If yes, a certified copy of the entire court order must be provided to the school at the time of enrollment. It is the responsibility of the parents to inform the school of any subsequent changes during the child's tenure at COS.

ADDITIONAL QUESTIONS (Attach a second, typed page if additional space is required for your responses.)

Please list details about your child(ren)'s school life that are important for our staff to know, including, but not limited to: repeated/skipped grades, attendance, or recent changes that may affect your child(ren)'s school experience.

Why would you like your child(ren) to attend Communion of Saints School?

How did you hear about Communion of Saints School? Please check all that apply.

____ COS Website ____ COS Preschool ____ Current COS Family: _____ ____ CYO
____ Social Media ____ Parish/Church Bulletin ____ Friend/Neighbor
____ Other: _____

Please return this completed application to Communion of Saints School by mail, email or in person. **Note that completion of this application does not guarantee admission.**

Communion of Saints School

Attn: Admissions

2160 Stillman Road, Cleveland Heights, OH 44118

(216) 932-4177 • admissions@communionofsaintsschool.org

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted under false, incomplete, or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted; my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations.

Parent/Guardian Signature: _____

Date: _____



2160 Stillman Road
Cleveland Heights, Ohio 44118
(216) 932-4177
www.cosschool.org

Request for Records

By my (our) signature below, I (we), as parent(s)/legal guardians of

Name of Student Birthdate: _____

give permission to the principal of:

Current School _____

Address _____ City _____ State _____

Phone _____ Fax _____

to release a copy of the following records FOR REVIEW for the above- named student to
Communion of Saints School.

*Grades and academic records

*Psychological assessments and records

*Disciplinary records

*Attendance records

*Medical records

*Testing results and/or evaluations

Signature of Parent/ Guardian

Date

Please email/mail or fax records to:
Communion of Saints School
2160 Stillman Road
Cleveland Heights, Ohio 44118
Fax: 216-932-7439
admissions@communionofsaintsschool.org



2160 Stillman Road
Cleveland Heights, Ohio 44118
(216) 932-4177
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Application Checklist

- ☐ Admission Application
- ☐ Academic Records (students entering grades 1-8)
- ☐ Copy of most recent report card and MAP test scores (students entering grades 1-8)
- ☐ Birth Certificate
- ☐ Baptismal Certificate (if Catholic)
- ☐ Custody Papers (if applicable)
- ☐ Academic Assessment
- ☐ Sabre for a Day (Shadow Day for grades 1-8)
- ☐ Meet with Fr. John McNulty (regardless of religious affiliation)
- ☐ FACTS and/or EdChoice Scholarship application (if applicable)
- ☐ \$225 Registration Fee & \$25 Technology Fee (non-refundable)

Registration will be considered complete when all records are received, new families have met with Fr. John McNulty, and tuition arrangements have been finalized.