



Faithful Shepherd Catholic School | 3355 Columbia Drive | Eagan, MN 55121
Phone 651.406.4747 | Fax 651.406.4743 | fscsmn.org

APPLICATION FOR NEW ADMISSION

Please Print

School year applying for: _____ School Last Attended: _____

Parish: St. John Neumann St. Peter's St. Thomas Becket
 Other _____ Non-Catholic

School District: 191 192 194 196 197 199 Other _____

If you live in District 196 would you like busing? Yes No

Child applying for admission:

Last Name _____ First _____ M.I. _____ Date of Birth _____ Gender _____ Grade Entering _____

Name Child Goes By: _____

Father:

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work: _____

Cell: _____

Email: _____

Place of Employment: _____

Occupation: _____

Mother:

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work: _____

Cell: _____

Email: _____

Place of Employment: _____

Occupation: _____

Ethnic Affiliation (for statistical purposes only):

Mixed Race/Bi-Racial Native American African American
 Latino/Hispanic Caucasian Pacific Islander
 Asian Other _____

Have you contacted your previous school to have records sent? Yes No



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Stepparent/Guardian:

Relationship: _____

Relationship: _____

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Home phone: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Place of Employment: _____

Place of Employment: _____

Occupation: _____

Occupation: _____

Please check all that apply:

Parents: Married Separated Divorced Other: _____

Applicant lives with: Parents Mother Father Other: _____

Please indicate to whom all school bills should be directed:

Parents Mother Only Father Only Guardian

Please indicate to whom all school communication should be directed:

Parents Mother Only Father Only Guardian

Does your family wish to apply for Financial Aid? Yes No

Please list the applicant's siblings:

Name	Date of Birth	Grade	School Attended/Attending
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How did you hear about Faithful Shepherd? _____

Referred by: _____



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Applicant's Current School/Preschool: _____
School Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Please list any other schools the applicant has attended:

School Name	Location	Grades Attended	Dates
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Has the applicant ever skipped or repeated a grade? Yes No

Does the applicant have any special needs or concerns that we should be aware of?

Has the applicant ever had a private or public school evaluation for learning or attention concerns? Yes No

If yes, please explain: _____

Has the applicant had any discipline issues in the past? Yes No

If yes, please explain: _____

Has the applicant ever been suspended from or asked to leave any school? Yes No

If yes, please explain: _____

Has the applicant ever applied to Faithful Shepherd Catholic School in the past?

Yes For Grade: _____ No

Check if you do not wish to appear in our annual directory:

Mother Father Stepmother Stepfather Other _____

Which language did your child learn first? English Other _____

Which language is most spoken in your home? English Other _____

Which language does your child usually speak? English Other _____

Was your child born outside the United States? Yes No



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General Information:

Please describe the applicant as objectively as possible in the space below:

Please comment on your reason for seeking admission to Faithful Shepherd Catholic School for your child:

Statement of Confidentiality:

It is the policy of Faithful Shepherd Catholic School that all information received regarding an applicant's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant's family.

Notice of Non-Discrimination Policy:

It is the policy of Faithful Shepherd Catholic School to comply with State and Federal laws prohibiting discrimination and all requirements imposed by or pursuant to regulations issued thereto, to the end that no persons shall be denied or excluded from enrollment or participation in any educational program or activities operated by the school, on the grounds of race, color national or ethnic origin, gender, status with regard to public assistance, or disability.

Signatures:

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

*** Please note that failure to disclose any pertinent information could result in your child either being denied admission or dismissed from FSCS.*

Please be sure to enclose the following:

- Application Form
- Request for Records Transfer Form & Copies of all Special Reports and Evaluations
- Application fee of \$50.00 per child (Non-refundable; checks made payable to FSCS)
- Proof of Early Childhood Screening

Please return to:
Faithful Shepherd Catholic School
ATTN: Admissions
3355 Columbia Drive
Eagan, MN 55121

Office Use Only
Fee Received \$ Date: Check #
Received by: