



# ASCENSION

CATHOLIC SCHOOL

## Application for Admission

*Thank you for choosing Ascension School for your family.  
Please complete this application for admission on behalf of your child(ren).*

### Admissions Process

Please submit the following items in order to be considered for admission:

- One completed application form for each child applying
- A copy of each child's birth certificate and baptismal certificate
- Most recent report card from previous school, if transfer applicants (grades 1-8 only)
- Application fee of \$300 per family (non-refundable)

### Admissions Policy

Students are given admission priority according to the following:

- Returning student
- Sibling of current student
- Parishioner of Ascension Parish
- Parishioner of other Catholic parishes
- Non-parishioner

601 Van Buren Street  
Oak Park, Illinois 60304  
708.386.7282  
[www.ascensionoakpark.com/school](http://www.ascensionoakpark.com/school)

**FAMILY INFORMATION (please print)**

Primary Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Co-Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Home School District Number \_\_\_\_\_

**SCHOOL INFORMATION**

Student's Current School/Preschool \_\_\_\_\_ Current Grade \_\_\_\_\_

Dates Attended \_\_\_\_\_ School Phone Number \_\_\_\_\_

School Address \_\_\_\_\_

How did you hear about Ascension School? \_\_\_\_\_

**PARISHIONER STATUS**

Are you an Ascension Parishioner? Yes No Envelope Number \_\_\_\_\_

**SUBMISSION**

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Certificate (if not baptized at Ascension)

\_\_\_\_\_ Non-refundable \$300 application fee per family is enclosed

\_\_\_\_\_ A copy of the most recent report card is enclosed (grades 1-8 only)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Ascension School does not discriminate on the basis of sex, race, color, or national origin in the administration for admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.*

For office use only \_\_\_\_\_

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

**NEW APPLICANT INFORMATION**

Please copy and complete this page for each new child entering school.

Applying For Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

Student's Name (last, first, middle) \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Male Female (Circle)

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (city, state and country) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Religion \_\_\_\_\_

Baptismal information (date, church, city and state) \_\_\_\_\_

Last School Attended (name, city and state) \_\_\_\_\_

Is this student Hispanic/Latino? \_\_\_\_\_

Race

- \_\_\_\_ American Indian      \_\_\_\_ Black or African American      \_\_\_\_ Middle Eastern      \_\_\_\_ White  
\_\_\_\_ Asian      \_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ Two or more races

Languages spoken at home \_\_\_\_\_

Medical conditions we should be aware of:    Yes                      No

\_\_\_\_\_  
If yes, please explain

Learning needs we should be aware of:    Yes                      No

\_\_\_\_\_  
If yes, please explain

## PRESCHOOL PROGRAM SELECTION

Please indicate your first and second preference in classes by marking a "1" or "2" on the line provided.  
We do our best to honor your requests upon admission.

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### 3-YEAR OLD PROGRAM

Child must be 3 years old by September 1 for the year he/she seeks admission.

\_\_\_\_\_ 3 DAYS **AM** (Monday, Wednesday, Friday 8:10 AM -11:00 AM)

\_\_\_\_\_ 2 DAYS **AM** (Tuesday & Thursday 8:10 AM - 11:00 AM)

\_\_\_\_\_ 3 DAYS **PM** (Monday, Wednesday, Friday 12:00 PM – 2:50 PM)

\_\_\_\_\_ 2 DAYS **PM** (Tuesday & Thursday 12:00 PM – 2:50 PM)

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### 4-YEAR OLD PROGRAM

Child must be 4 years old by September 1 for the year he/she seeks admission.

\_\_\_\_\_ 5 DAYS **AM** (8:10 AM - 11:00 AM)

\_\_\_\_\_ 5 DAYS **PM** (12:00 PM - 2:50 PM)

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### MULTIAGE PROGRAM (3 & 4 YEAR-OLDS)

Child must be 3 years old by September 1 for the year he/she seeks admission.

\_\_\_\_\_ 5 DAYS **FULL DAY** (8:10 AM - 2:50 PM)