



# LINTON HALL SCHOOL

9535 LINTON HALL ROAD  
BRISTOW, VIRGINIA 20136

703.368.3157 ~ [WWW.LINTONHALL.EDU](http://WWW.LINTONHALL.EDU)

**OFFICE USE ONLY**

RECEIVED	
ACCEPTED	
ADMITTED	
GRADUATED	
WITHDRAWN	
BIRTH CERTIFICATE #	

**APPLICATION FOR KINDERGARTEN – GRADE 8**

STUDENT'S NAME \_\_\_\_\_

(LAST) (FIRST) (MIDDLE) (MALE OR FEMALE) (RELIGION)

APPLYING TO ENTER 20\_\_\_\_ GRADE\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ NICKNAME \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

(PLEASE INDICATE MR., MRS., MS., ETC.)

MAILING ADDRESS \_\_\_\_\_

STREET AND NUMBER CITY STATE ZIP CODE

RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

STREET AND NUMBER CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_ EMAIL FOR SCHOOL COMMUNICATION \_\_\_\_\_

CATHOLIC STUDENTS PREPARING FOR SACRAMENTS: BAPTIZED: YES NO FIRST PENANCE: YES NO

HOME PARISH \_\_\_\_\_

**FATHER**

NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK EMAIL \_\_\_\_\_

FAITH \_\_\_\_\_

**MOTHER**

NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK EMAIL \_\_\_\_\_

FAITH \_\_\_\_\_

ARE PARENTS SEPARATED? \_\_\_\_\_ WITH WHOM DOES THE CHILD LIVE? \_\_\_\_\_ IS EITHER PARENT DECEASED? \_\_\_\_\_

IF DIVORCED, APPROPRIATE CUSTODY PAPERWORK MUST ACCOMPANY THE APPLICATION.

SIBLINGS	DATE OF BIRTH

**ACADEMIC HISTORY**

SCHOOL LAST ATTENDED \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PUBLIC SCHOOL SYSTEM IN WHICH CHILD RESIDES \_\_\_\_\_

PUBLIC SCHOOL YOUR CHILD WOULD ATTEND \_\_\_\_\_

**TO BE CONSIDERED FOR ADMISSION, THE FOLLOWING DOCUMENTS MUST BE PROVIDED:**

- 1) COMPLETED APPLICATION
- 2) NON REFUNDABLE APPLICATION FEE \$100.00
- 3) ORIGINAL BIRTH CERTIFICATE (PRESENTED FOR VERIFICATION ONLY)
- 4) RECORDS FROM PREVIOUS SCHOOL, INCLUDING STANDARDIZED TEST SCORES
- 5) COMPLETED RECOMMENDATION FORM
- 6) IF APPLICABLE, PROVIDE A COPY OF YOUR CHILD’S INDIVIDUALIZED EDUCATION PLAN (IEP), 504 PLAN, SPECIAL EDUCATION CHILD STUDY MINUTES, AND/OR A STUDENT ASSISTANCE PLAN (SAP). (WE MAY REQUEST ADDITIONAL INFORMATION FROM YOU TO ASSIST IN DETERMINING IF WE CAN PROVIDE REASONABLE ACCOMMODATIONS AND AN APPROPRIATE EDUCATION FOR YOUR CHILD’S SUCCESS.)
- 7) IF YOUR CHILD HAS EVER BEEN SUSPENDED, DISMISSED, EXPELLED, OR NOT PERMITTED TO REENROLL AT A SCHOOL, PLEASE PROVIDE THE NAME OF THE SCHOOL AND EXPLAIN THE REASONS ON A SEPARATE SHEET OF PAPER.
- 8) COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM (MUST BE SUBMITTED PRIOR TO BEGINNING OF SCHOOL YEAR)
- 9) PROOF OF CUSTODY WHERE APPLICABLE

## NOTIFICATION OF ACCEPTANCE

LINTON HALL SCHOOL MAY REQUIRE READINESS SCREENING. PARENTS MAY ALSO REQUEST READINESS SCREENING FOR THEIR CHILD.

PRIORITY IS GIVEN TO REGISTERED LINTON HALL SCHOOL FAMILIES AND TO SIBLINGS OF STUDENTS ALREADY ENROLLED IN THE SCHOOL.

APPLICATIONS AND WAITING LISTS ARE NOT CARRIED OVER FROM THE PREVIOUS YEAR.

LINTON HALL SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, GENDER, ETHNICITY, NATIONAL ORIGIN, CITIZENSHIP, MARITAL STATUS, HANDICAP OR DISABILITY.

### CONSENT AND LIMITATION OF LIABILITY

I HEREBY GIVE MY PERMISSION TO HAVE MY CHILD PARTICIPATE IN ALL SCHOOL SPONSORED, SCHOOL APPROVED, AND/OR EXTENDED DAY ACTIVITIES, AND AGREE THAT THE LIABILITY OF LINTON HALL SCHOOL SHALL BE LIMITED TO DAMAGES RESULTING SOLELY FROM ITS NEGLIGENCE. THIS PERMISSION SHALL INCLUDE, BUT IS NOT LIMITED TO ACTIVITIES SUCH AS SWIMMING, SPORTS, AND FIELD TRIPS, ETC.

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SIGNATURE (PARENT/GUARDIAN)

### AGREEMENT OF CONSENT

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF ACCEPTED, I AGREE TO ABIDE BY ALL LINTON HALL SCHOOL POLICIES AND PROCEDURES AND TO BE FULLY INVOLVED IN THE SCHOOL COMMUNITY.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_