



LINTON HALL SCHOOL

9535 LINTON HALL ROAD
BRISTOW, VIRGINIA 20136

703.368.3157 ~ 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WITHDRAWN	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.

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 _____