

*Agony in the Garden Catholic School  
201056 Golgotha Way  
Prince of Peace, Florida 00000-00000  
Telephone Number  
Fax Number*

Date

Mr. and Mrs. Robert Petrie  
448 Bonnie Meadow Road  
New Rochelle, New York 00000

Dear Mr. and Mrs. Petrie:

Thank you for your interest in Agony in the Garden Catholic School. I am enclosing our admission application and references forms. You are asked to complete the application and return it to the school. The reference forms are to be given to the appropriate individuals and they should return the forms directly to our office.

If your child was tested and diagnosed as having special learning needs, a copy of the evaluation must accompany the application. Please complete the enclosed Release Form and have the school send a copy of your child's academic record, including all standardized test results. Once the application, the references, and all supporting documentation are received, we will review the completed application and render a decision. You will be notified of our decision in writing.

If there are any questions, please call the school office.

Sincerely yours,

Herman Munster  
Principal

*Agony in the Garden Catholic School  
201056 Golgotha Way  
Prince of Peace, Florida 00000-00000  
Telephone Number  
Fax Number*

Date

Mr. and Mrs. Robert Petrie  
448 Bonnie Meadow Road  
New Rochelle, New York 00000

Dear Mr. and Mrs. Petrie:

I am please to inform you that after reviewing the application, your son, Richie, has been accepted into the third grade at Agony of the Garden Catholic School for the 2005-2006 school year. I am enclosing a registration packet that you are asked to complete and submit. Please be sure to read each page carefully, complete all forms, and submit the forms, the additional documentation, and the registration fee. You should know that we confirm all final acceptances on a first come first served basis until all vacancies in the third grade are filled.

We are happy that you have selected our school. We are proud of the Catholic education that we provide to our students. We are equally pleased with the performance of our graduates at the local Catholic and public high schools. A family decision to provide a Catholic education for their child is one that is deliberate and requires sacrifices. You will be entering into a dynamic community where our Catholic faith is the foundation of all that occurs here.

We await the return of your registration packet. May the remainder of this academic year be filled with God's blessing for you and your family!

Sincerely yours,

Herman Munster  
Principal

*Agony in the Garden Catholic School*  
*201056 Golgotha Way*  
*Prince of Peace, Florida 00000-00000*  
*Telephone Number*  
*Fax Number*  
*Application for Admission*

**PLEASE PRINT ALL INFORMATION**

Date \_\_\_\_\_

**Student Information**

Student's Full Legal Name	
Student Nickname	
Address	
City/State/Zip	
Gender	
Current Grade in School	
Date of Birth	
Social Security Number	
Student Lives with...	

**School Information:** If transferring from another school, complete the following section

Name of School	
Grade in School	
Principal's Name	
School Address	
City/State/Zip	
Telephone Number	
Are you current with all financial obligations to the school?	
Name of you child's Guidance Counselor	
Name of you child's Reading Teacher	
Name of your child's Language Arts Teacher	
Name of your child's Mathematics Teacher	

<b>Question</b>	<b>Explanation</b>
Has your child been tested for special learning needs? If yes, submit a copy of the evaluation and the date of that evaluation.	
Has your child been diagnosed with special learning needs?	
Has your child received services from a resource teacher, Title I teacher, learning specialist?	
Has your child received accommodations in the learning process?	
Has your child received modifications to the curriculum?	

**Attendance and Discipline Record**

How many days has your child been absent from school in the last year?	
Has your child ever been suspended from school?	
Has your child ever been expelled from school?	
Have you ever been required to withdraw your child from school?	

**Sacramental Information:** Please provide the following information regarding the reception of the sacraments

Sacrament	Date	Church/Address	Certificate
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

**Co-Curricular Activities:** List all activities in which your child has participated


**Essay – All students applying for admission to grades 6, 7, or 8 are required to handwrite, an essay on the topic: The importance of an education is...on the sheet provided.**

**Parent Information**

**Father**

Full Legal Name	
Address	
City/State/Zip	
Living or Deceased	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
Marital Status*	
Religious Affiliation	
Occupation	
Employer	
Employers Address	

**Mother:**

Full Legal Name	
Address	
City/State/Zip	
Living or Deceased	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
Marital Status*	
Religious Affiliation	
Occupation	
Employer	
Employers Address	

\*Other than married or single, provide an original of the disposition of the Court.

**Parish Information**

Name of Parish	
Pastor's Name	
Address	
City/State/Zip	
Telephone Number	

I certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying application and/or dismissal from school.

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Agony in the Garden Catholic School  
201056 Golgotha Way  
Prince of Peace, Florida 00000-00000  
Telephone Number  
Fax Number  
Principal Recommendation*

**Student Name** \_\_\_\_\_

has applied for admission to Agony in the Garden Catholic School. Please take a few minutes and complete this recommendation and return it to the address at the end of the form. Thank you.

**Please check the grade(s) in which the student was enrolled in your school.**

Grade	K	1	2	3	4	5	6	7	8

**Please indicate the number of days absent and times tardy**

Grade	K	1	2	3	4	5	6	7	8
Absent									
Tardy									

**Please rate the following areas:**

Area	Excellent	Good	Fair	Poor
Relationship with peers				
Relationship with adults				
Complies with school rules and regulations				
Involvement in and support of school activities				
Quality of academic work				
Oral Communication				
Written Communication				
Parent support of school's mission				
Parent support of school's rules and regulations				
Parent involvement in the school activities				
Parent involvement in student learning process				

**Please respond to the following**

Area	Yes	No
Has the student been tested for special learning needs??		
Has the student received services from the Resource Teacher/learning specialist, Title I Teacher?		
Has the student had modifications to the curriculum?		
Has the student received accommodations to facilitate learning?		
Has the student been suspended from school? If yes, explain below		
Is the student allowed to return to your school?		
Is the family current with their financial obligations to your school?		

Explain the reason(s) the student was suspended from school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have other information that would assist us in the evaluation of this application, please use the space below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall Recommendation:**

\_\_\_\_\_ I recommend this student without reservation.

\_\_\_\_\_ I recommend this student with reservations.

\_\_\_\_\_ I do not recommend this student.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:  
*Admissions*  
*Agony in the Garden Catholic School*  
*201056 Golgotha Way*  
*Prince of Peace, Florida 00000-00000*



***Agony in the Garden Catholic School  
201056 Golgotha Way  
Prince of Peace, Florida 00000-00000  
Telephone Number  
Fax Number  
Language Arts Teacher Recommendation***

**Student Name** \_\_\_\_\_

has applied for admission to Agony in the Garden Catholic School. Please take a few minutes and complete this recommendation and return it to the address at the end of the form. Thank you.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please rate this student in the following areas:**

Area	Excellent	Good	Fair	Poor
Ability to communicate orally				
Ability to communicate in writing				
Ability to comprehend what is read				
Ability to interpret what is read				
Relationship with peers				
Relationship with adults				
Completes assignments on time				
Overall quality of work				
Student Behavior				
Overall cooperation				
Parent involvement in student's learning process				
Parent support of rules and regulations				

**Please respond to the following**

Area	Yes	No
The student is self-motivated.		
The student requires monitoring in the completion of the work.		
The standardized test scores reflect the student's true ability.		

If you have additional information that would assist us in reviewing this application, please use this space. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to:  
***Agony in the Garden Catholic School  
201056 Golgotha Way  
Prince of Peace, Florida 00000-00000***

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**Prince of Peace, Florida 00000-00000**  
**Telephone Number**  
**Fax Number**  
**Reading Teacher Recommendation**

**Student Name** \_\_\_\_\_

has applied for admission to Agony in the Garden Catholic School. Please take a few minutes and complete this recommendation and return it to the address at the end of the form. Thank you.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please rate this student in the following areas:**

Area	Excellent	Good	Fair	Poor
Ability to communicate orally				
Ability to communicate in writing				
Ability to comprehend what is read				
Ability to interpret what is read				
Relationship with peers				
Relationship with adults				
Completes assignments on time				
Overall quality of work				
Student Behavior				
Overall cooperation				
Parent involvement in student's learning process				
Parent support of rules and regulations				

**Please respond to the following**

Area	Yes	No
The student is self-motivated.		
The student requires monitoring in the completion of the work.		
The standardized test scores reflect the student's true ability.		

If you have additional information that would assist us in reviewing this application, please use this space. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to:  
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**Mathematics Teacher Recommendation**

**Student Name** \_\_\_\_\_

has applied for admission to Agony in the Garden Catholic School. Please take a few minutes and complete this recommendation and return it to the address at the end of the form. Thank you.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please rate this student in the following areas:**

Area	Excellent	Good	Fair	Poor
Ability to communicate orally				
Overall Math ability				
Ability to perform math calculations accurately				
Ability to understand mathematics concepts				
Relationship with peers				
Relationship with adults				
Completes assignments on time				
Overall quality of work				
Student Behavior				
Overall cooperation				
Parent involvement in student's learning process				
Parent support of rules and regulations				

**Please respond to the following**

Area	Yes	No
The student is self-motivated.		
The student requires monitoring in the completion of the work.		
The standardized test scores reflect the student's true ability.		

If you have additional information that would assist us in reviewing this application, please use this space. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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