

**CARDINAL NEWMAN SCHOOL**  
Admissions Office / 4701 Forest Drive / Columbia, South Carolina 29206  
(803) 782-2814 / www.cnhs.org

PART I/Page1

*The parent/guardian is asked to complete PART I of this application.  
The student is asked to complete PART II.  
Original form must be returned. Do not reproduce or FAX.*

School year applying for:

\_\_\_\_\_

**APPLICANT INFORMATION**

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
(Street, Route, Box #)

\_\_\_\_\_ (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic, please list parish \_\_\_\_\_

Emergency Contact (**other than parent**) \_\_\_\_\_  
(Name) (Telephone Number)

Grade applying for :

- 7<sup>th</sup>  8<sup>th</sup>  
 9<sup>th</sup>  10<sup>th</sup>  
 11<sup>th</sup>  12<sup>th</sup>

Gender:  Male  Female

Ethnicity:

- American Indian  
 Asian  
 Black  
 Hispanic  
 Multi Racial  
 White  
 Korean

U.S. Citizen:

- Yes  No  
If no, give type of US Visa:  
\_\_\_\_\_

**FAMILY INFORMATION**

**Father (or Guardian)**

Name (Dr./Mr.) \_\_\_\_\_

Stepmother's Name \_\_\_\_\_

Home Address (if different from student)  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Does employer give matching funds?  Yes  No

Cardinal Newman School Alumnus?  Yes  No

Student lives with:

Mother  Father  Both  Other \_\_\_\_\_

Please check all that apply:

Mother Deceased  Father Deceased  Parents Divorced  Parents Separated  Other (please explain) \_\_\_\_\_

Please print the name and address you wish to have mailings sent, **if different from the student's primary address listed on this application.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\* If a parent is to be excluded, the custodial parent MUST provide court documentation.

**Mother (or Guardian)**

Name (Dr./Mrs./Ms.) \_\_\_\_\_

Stepfather's Name \_\_\_\_\_

Home Address (if different from student)  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Does employer give matching funds?  Yes  No

Cardinal Newman School Alumnus?  Yes  No

Applicant's Name \_\_\_\_\_

Brothers/Sisters	Age/Grade	Attended or Graduated form Cardinal Newman School?

Please list grandparents' names, addresses and telephone numbers.


**STUDENT DIRECTORY INFORMATION**

The student directory is a handy resource for students and families for current addresses and telephone numbers. Please check the appropriate section below:

- I give authorization for my student's personal information to appear in the Cardinal Newman School Student Directory. This will include student's name, grade, parents' names, address, telephone number and e-mail address
- I DO NOT give authorization for my student's personal information to appear in the Cardinal Newman School Student Directory. This will include student's name, grade, parents' names, address, telephone number and e-mail address

How did Cardinal Newman School come to your attention?

Parish School                       Web Site                       Church  
 Business Monthly                       Columbia Magazine                       Newspaper  
 Current Parent/Student                       Other: \_\_\_\_\_

**SCHOOL COMMUNICATION**

Cardinal Newman School uses an ALERTIFY system for notification of special events, for reminders of due dates, and for notification of emergencies. Please list all telephone number(s) you wish to have this system call.

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Cardinal Newman School also sends school publications via email. Please list all email address(es) that you would like to have included.

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**ACADEMIC INFORMATION**

List all schools your child has attended:

School	City/State	Dates Attended

*Please answer the following questions regarding your child. As the application is reviewed during the admissions process, the information given will be used to better understand the applicant's past performance. This information is considered confidential and, if the application is accepted, will become part of his/her guidance/counseling file. Additional sheets may be attached.*

Please describe any significant events in your child's life, such as school changes, geographical moves, achievements, setbacks:

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Has student ever skipped a grade?  Yes  No Which grade? \_\_\_\_\_

Has student ever repeated a grade?  Yes  No Which grade? \_\_\_\_\_

Please list any medical conditions or special circumstances your child has. (For example, illness, allergies, learning differences, ADD, ADHD, physical handicaps, etc.) **If the applicant has documented learning differences, we MUST receive a copy of the psychoeducational evaluation and diagnosis. For this evaluation to be valid, testing must have been within the last two years. This information must accompany this application. If your child is in the process of being tested or reevaluated, the information must be made available prior to course scheduling.**

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Does he/she take medication during the school day for an existing condition? If yes, list medication and condition for which it is prescribed.

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In order to better accommodate your child's educational needs, please check below to indicate whether or not you would like Cardinal Newman School to share the above information with its teachers, counselors, administrators or other designated agents.

- I authorize the release of information to teachers, counselors, administrators or other designated agents for educational purposes
- I do not authorize the release of information to teachers, counselors, administrators or other designated agents for educational purposes

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

\_\_\_\_\_  
Date

Applicant's Name \_\_\_\_\_

My child's strengths are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child's challenges are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please review his/her record of attendance including tardiness. If he/she has more than 4 absences or tardies in any nine week period, please explain the reason.

\_\_\_\_\_  
\_\_\_\_\_

Has he/she been requested to withdraw? YES \_\_\_ NO \_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Has he/she been suspended/ expelled from any academic environment, placed on probation, convicted of a crime, enrolled in a drug/behavioral program or left school for an extended period of time (more than one week)? YES \_\_\_ NO \_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has he/she been assigned to alternative education classes? YES \_\_\_ NO \_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN STATEMENT**

All information, including social security number, must be included and the application must be signed and dated by a parent or guardian for the applicant to be considered for admission.

I have reviewed the information submitted in this application and understand my child may be removed from the admissions process, denied admission, or removed from school for any misstatement or omission of information.

I give permission for photographs of my child to appear in school and community publications, area newspapers, and on the school website. By accepting a place in the Cardinal Newman School student body, I agree to abide by the school uniform guidelines as outlined in the Parent/Student Handbook.

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

\_\_\_\_\_  
Date

**Please attach application fee of \$45.00.**

