



# Cathedral School

## St. Jude the Apostle

600 58 Street North  
St. Petersburg, FL 33710  
Office 727-347-8622 FAX 727-343-0305  
[www.Cathedralschoolofstjude.org](http://www.Cathedralschoolofstjude.org)

### *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:**

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 your child's Guidance Counselor	
Name of your 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

<b>Sacrament</b>	<b>Date</b>	<b>Church/Address</b>	<b>Certificate</b>
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 a Catholic 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	
Employer’s Address	

**E-mail 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	
Employer’s Address	

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



**Cathedral School**  
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**PLEASE RETURN ALL RECOMMENDATION FORMS DIRECTLY TO THE SCHOOL**

*MAIL: 600 58<sup>th</sup> Street North*

*St. Petersburg, FL 33710*

*FAX: (727) 343-0305 or*

*SCAN AND EMAIL: dgerdes@cathedralofstjude.org*

*Principal/ Vice Principal Recommendation*

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

has applied for admission to The Cathedral School of St. Jude. 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 \_\_\_\_\_

All recommendation forms will be kept strictly confidential.



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***Reading/Language Arts Teacher Recommendation***

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

has applied for admission to The Cathedral School of St. Jude. 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:**

<b>Area</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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**

<b>Area</b>	<b>Yes</b>	<b>No</b>
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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**Mathematics Teacher Recommendation**

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

has applied for admission to The Cathedral School of St. Jude.. 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. \_\_\_\_\_

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***Resource Teacher/Learning Specialist Recommendation***

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

has applied for admission to The Cathedral School of St. Jude. 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:**

<b>Area</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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 describe this student's special learning needs and how you've addressed these needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***Student Essay Form for Applicants to the 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> Grade***

Applicant Name \_\_\_\_\_

In the space provided, please complete the following topic sentence in a well developed essay.

The importance of a Catholic education for me is \_\_\_\_\_

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If more space is needed, use the back of this sheet and return it to the school office.