



Student Application

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Date of Application _____

Grade Applying For _____

Birth Certificate # _____

Child's Information

Name _____
Last First Middle

Date of Birth _____ Place of Birth _____

Address _____ City _____ State _____ Apt# _____ Zip _____

Phone _____ Cell # _____ Primary language spoken at home _____

Gender _____ Religion _____ Parish _____

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child resides with _____ Relationship _____

Mother's Information

Please circle **Single** **Married** **Separated** **Divorced** **Deceased**

Name _____
Last First Maiden

Address _____ City _____ State _____ Apt# _____ Zip _____

Birthplace _____ Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____

Father's Information

Please circle **Single** **Married** **Separated** **Divorced** **Deceased**

Name _____
Last First

Address _____ City _____ State _____ Apt# _____ Zip _____

Birthplace _____ Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____



Student Application

<p>Custody of Child (if applicable)</p> <p>Custodial Parent _____ Relationship _____</p> <p>Documentation _____</p> <p>Date provided _____</p>	<p>Guardianship of Child (if applicable)</p> <p>Guardian _____ Name _____</p> <p>Relationship _____</p> <p>Documentation _____</p> <p>Date provided _____</p>
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Child's Education			
Previous schools attended			
Name	Address	Grades Completed	Dates
<p>Child has been evaluated by the district Committee on Special Education. ____ Yes ____ No</p> <p>Child has been evaluated by a private psychological or educational agency. ____ Yes ____ No</p> <p>If answer to either or both statements above is YES, applicant must complete the following:</p>			
Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other _____			
<p>If child has been seen by the public district Committee on Special Education, applicant must complete the following:</p> <p>1. Was an IEP ever generated? ____ Yes ____ No Copy Submitted _____ Date _____</p> <p>2. Child has a Section 504 Accommodation Plan. ____ Yes ____ No Copy Submitted _____ Date _____</p>			
District Name and #	Date of most recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Initials _____

Signature of Parent or Guardian _____	Date: _____
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