



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 _____ <small>Relationship</small></p> <p>Documentation _____</p> <p>Date provided _____</p>	<p>Guardianship of Child (if applicable)</p> <p>Guardian _____ <small>Name</small></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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child has been evaluated by a private psychological or educational agency. <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Copy Submitted _____ <small style="margin-left: 150px;">Date</small></p> <p>2. Child has a Section 504 Accommodation Plan. <input type="checkbox"/> Yes <input type="checkbox"/> No Copy Submitted _____ <small style="margin-left: 150px;">Date</small></p>			
District Name and #	Date of most recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that 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.

Signature of Parent or Guardian _____	Date: _____
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