

**APPLICATION FOR ENROLLMENT - - - GRADES 1 THROUGH 5**  
(Application does not guarantee acceptance. You will be notified of admission status.)

Date of Application: \_\_\_\_\_ For School Year \_\_\_\_\_ Grade Applying For \_\_\_\_\_

You were recommended to St. Aloysius School by (Name the person, school or organization through which you found out about us) :

**SECTION A: STUDENT INFORMATION**

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Primary Language Spoken at Home \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Gender) \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child Resides With: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Please attach a photograph of the student and a Copy of Birth Certificate

**SECTION B: PARENT/GUARDIAN INFORMATION**

**PART I:**  Mother  Guardian (if guardian, relationship to child): \_\_\_\_\_  
Please Circle Status: **Single** **Married** **Separated** **Divorced** **Deceased**

Name: Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Religion \_\_\_\_\_

Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PART II:**  Father  Guardian (if guardian, relationship to child): \_\_\_\_\_  
Please Circle Status: **Single** **Married** **Separated** **Divorced** **Deceased**

Name: Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Religion \_\_\_\_\_

Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECTION C: RELIGIOUS RECORD**

SACRAMENT	DATE	CHURCH	LOCATION
Baptism (certificate required)			
Reconciliation			
First Holy communion			
Confirmation			

**SECTION D: PREVIOUS SCHOOLS ATTENDED**

NAME	ADDRESS	GRADES	DATES ATTENDED

**SECTION E:**

Child has been evaluated by the district Committee on Special Education Yes \_\_\_\_\_ No \_\_\_\_\_

Child has been evaluated by a private psychological or educational agency Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to either or both statements above is YES, applicant must complete the following:

TYPE OF EVALUATION	EVALUATION DATE	AGENCY	CONTACT NAME AND PHONE
<b>Educational</b>			
<b>Psychological</b>			
<b>Speech</b>			
<b>Other</b> _____			

If child has been seen by the public district Committee on Special Education, applicant must complete the following:

DISTRICT NAME AND NUMBER	DATE OF MOST RECENT IEP	DATE OF LAST PSYCHOLOGICAL EVALUATION	CLASSIFICATION AND RECOMMENDED PLACEMENT

Child has a Section 504 Accommodation Plan. Yes \_\_\_\_\_ No \_\_\_\_\_ Copy Submitted \_\_\_\_\_

DATE

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 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 in full previous school. Acceptance notices will be mailed.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_