

ST. ALOYSIUS
SCHOOL

A Jesuit School in Harlem

PHOTO

APPLICATION FOR ENROLLMENT - - - GRADES Pre-K and Kindergarten
(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 Please Circle Status: **Single** **Married** **Separated** **Divorced** **Deceased**
 Guardian (if guardian, relationship to child): _____

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 Please Circle Status: **Single** **Married** **Separated** **Divorced** **Deceased**
 Guardian (if guardian, relationship to child): _____

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)			

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
Educational			
Psychological			
Speech			
Other _____			

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 _____