

Student Application



Date of Application _____

Grade Applying For _____ A1

Birth Cert # _____

SS# _____ A2

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 req.)			
Reconciliation			
First Holy Communion			
Confirmation			

Child resides with _____ Relationship _____ A3

Mother's Information

Please Circle: **Single** **Married** **Separated** **Divorced** **Deceased**

Name _____
Last
First
Maiden

Address _____ City _____ State _____ Apt# _____ Zip _____

Birthplace _____ Religion _____ SS# _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____ A4

Father's Information

Please Circle: **Single** **Married** **Separated** **Divorced** **Deceased**

Name _____
Last
First

Address _____ City _____ State _____ Apt# _____ Zip _____

Birthplace _____ Religion _____ SS# _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____ A5

Custody of Child (if applicable)

Custodial Parent _____
Relationship _____

Documentation _____

Date provided _____ **A6**

Guardianship of Child (if applicable)

Guardian _____
Name _____

Relationship _____

Documentation _____

Date provided _____ **A7**

Child's Education

Previous schools attended			
Name	Address	Grades	Dates

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	Date of Evaluation	Name of 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 #	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 _____ **A8**