



2016-2017 APPLICATION FOR ADMISSION

SCHOOL

St. Andrew Academy (PK-8) St. Ann Academy (PK-8) St. Augustine Academy (4-8) St. Raphael Academy (PK-3)

STUDENT/FAMILY INFORMATION

Student Name: _____ Age: _____ Grade Entering: _____
(LAST) (FIRST) (M.I.)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Phone: _____ Date of Birth: ___/___/___ Gender: M F Social Security Number: _____

Religion: Catholic Non-Catholic Place of Worship: _____
(NAME) (CITY)

U.S. Citizen: Yes No If No, please indicate birthplace: _____
(CITY) (STATE) (COUNTRY)

Race: American Indian/Native Alaskan Asian Black Ethnicity: Hispanic or Latino Non-Hispanic
 Native Hawaiian/Pacific Islander White 2 or more races

Father/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Employer Phone: _____

Occupation: _____

Religion: Catholic Non-Catholic

Marital Status: _____

If divorced/separated, is there joint custody? Yes No

If No, are visitation rights permitted to non-custodial parent? Yes No

Student lives with: Mother Father Grandparent Guardian Other: _____

Mother/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Employer Phone: _____

Occupation: _____

Religion: Catholic Non-Catholic

Marital Status: _____

SIBLINGS *If additional space is needed, please list on back*

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

MEDICAL

Student's Pediatrician: _____

(NAME)

(PHONE)

Student's Dentist: _____

(NAME)

(PHONE)

Hospital Preference: _____

(NAME)

(PHONE)

Does your child have allergies, severe health issues and/or is taking medications? Yes No

If Yes, please explain: _____

SCHOOLS PREVIOUSLY ATTENDED

(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

SACRAMENTS (for Roman Catholics only)

Has your child received the Sacraments of Baptism: Yes No Reconciliation: Yes No Communion: Yes No

Baptism: _____

(DATE)

(CHURCH)

(CITY)

(STATE)

Reconciliation: _____

(DATE)

(CHURCH)

(CITY)

(STATE)

Communion: _____

(DATE)

(CHURCH)

(CITY)

(STATE)

MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website. Yes No

SPECIAL SERVICES*

Have you ever been invited to attend a PPT meeting for your child? Yes No

For students entering Pre-K or K: Has your child received services from Birth to 3 years old? Yes No

**This information is necessary for teachers to plan for your child's success. Failure to disclose this information may halt an application and/or result in children being asked to transfer to receive services necessary for them to succeed.*

Home Language Survey:

When your child began to speak, what language did he/she speak? _____ What language do the parents/guardians speak to each other? _____ What language is spoken most often at home? _____

EMERGENCY CONTACTS (Non-Parent or Non-Guardian)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

OTHER

Bus transportation requested (Bridgeport residents only): Yes No If Yes, select on: Morning only Afternoon only Both

Which public school would your child attend if not Catholic school? _____
(SCHOOL NAME) (CITY)

Please include the following to complete the application:

Application Fee (non-refundable) Copy of Birth Certificate Copy of Baptismal Certificate Student Records Release

Would you like more information on how to apply to the Bishop's Scholarship Fund, a NEW source for tuition assistance? Yes No

SIGNATURES

I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the school handbook including the tuition policy.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____