



# SAINT ALOYSIUS PARISH SCHOOL

Faith ★ Tradition ★ Innovation ★ Excellence

## KINDERGARTEN NEW STUDENT APPLICATION 2022-2023

### Student Information

Student Name \_\_\_\_\_  
FIRST MIDDLE LAST

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP HOME PHONE

Female  Male Current Grade \_\_\_\_\_ Student's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
CHECK ONE

Place of Birth \_\_\_\_\_  
CITY STATE COUNTRY

Student's Ethnicity  Caucasian  African-American  Asian/Pacific Islander  American Indian  Hispanic  Multi-racial

Present School District \_\_\_\_\_

Is there any Medical Information we should know? \_\_\_\_\_  
\_\_\_\_\_

Any known allergies to foods? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> List Food (s) & treatment practice (be specific) <i>Attach any needed information</i>	_____ _____ _____
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### Religious Information

Religion  Catholic  Other \_\_\_\_\_ Parish registered in: \_\_\_\_\_

*Attach copies of all sacramental certificates if applicable.*

Baptism	First Communion	Confirmation
Church _____	Church _____	Church _____
Address _____	Address _____	Address _____
_____	_____	_____
Date _____	Date _____	Date _____
Baptized _____ Roman Catholic _____ Other (what religion?)	<b>Is another language spoken in the home?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes _____	





# OTHER DOCUMENTS

In an effort to acknowledge the rights of parents regarding access of information, we ask that you submit any court documents that substantiate your legal status as it relates to the child being enrolled in Saint Aloysius Parish School.  Applicable  Not Applicable

**Please note:** the above documents must be submitted to the school as soon as possible so your application may be processed. If this information does not apply, check "Not Applicable".

# VERIFICATION OF INFORMATION

I understand and verify that all information on this application and all other accompanying forms is truthful, accurate and complete. I understand and give my permission for my child's previous school or intermediate unit to be contacted for verification of information or to provide a reference. I understand that submitting this application does not guarantee my child admission to Saint Aloysius Parish School.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date  
Relationship to student \_\_\_\_\_

## FOR OFFICE USE ONLY

### Document Check List

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Textbook loan request<br><input type="checkbox"/> <b>Transportation request—<br/>must turn into district<br/>yourself</b><br><input type="checkbox"/> Transfer of Records request<br><input type="checkbox"/> Payment contract<br><input type="checkbox"/> Copy of birth certificate | <input type="checkbox"/> Copy of Baptismal certificate<br><input type="checkbox"/> Copy of most recent report card & standardized testing<br><input type="checkbox"/> Copy of IEP documents (if applicable)<br><input type="checkbox"/> Court documents describing custody arrangements<br><input type="checkbox"/> Copy of immunizations— <b>All</b> | <input type="checkbox"/> Physical examination—<br><b>Kindergarten</b><br><input type="checkbox"/> Dental examination—<br><b>Kindergarten</b> |
|---|---|--|

_____ <b>Transfer Grant \$</b> _____  Transferring family from public school grades 2-7 _____ <div style="text-align: right; margin-right: 50px;">Initial</div>	
_____ <b>Other \$</b> _____  <div style="text-align: right; margin-right: 50px;">Initial</div>	
_____ <b>Referral</b> _____ family was referred by the _____ family.	
<b>Principal/Pastor Approval</b> _____ Signature <span style="margin-left: 200px;">_____</span> Date	

<b>Fees</b>
<input type="checkbox"/> Registration Fee received Check # _____ Amount _____ Cash Amount received _____ Online Payment made: Date: _____ Amount _____  Received/Verified by: _____ Date: _____