



SAINT ALOYSIUS PARISH SCHOOL

Faith ★ Tradition ★ Innovation ★ Excellence

FIRST THROUGH EIGHTH GRADE 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 _____

Registering for Grade: (Circle one) 1st 2nd 3rd 4th 5th 6th 7th 8th

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?)	Is another language spoken in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	

Student Profile

In the two previous school years, has the student been absent from school more than 10 times?

Y N

If yes, please explain: _____

Has the student been suspended or expelled or removed from school, childcare service, or other educational program?

Y N

If yes, please explain: _____

Has the student been evaluated by an Intermediate Unit, Public school, or private psychologist/psychiatrist/behavior specialist?

Y N

If yes, please explain: _____

Has the student ever been identified as having special learning needs or have another diagnosis that could affect the student academically?

Y N

If yes, please explain: _____

Has the student received learning support in either reading or math?

Y N

If yes, please explain: _____

Has the student been identified as needing psychological counseling, behavioral support, or emotional support?

Y N

If yes, please explain: _____

Does the student have an IEP?

Y N

If yes, please explain: _____

Has the student qualified for Early Intervention or any other special services?

Y N

If yes, please explain: _____

Has your child ever been retained in any grade level or was retention recommended by a previous educational program?

Y N

If yes, please explain: _____

Previous Educational Experience

Name of school or childcare attended previously:

Reason for transfer:

Sibling Information

Names of Siblings

Grade

School

Names of Siblings	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transportation Information

Circle one in each category:

Afternoon Transportation:

Bus

Car

Walk

CARES Program

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

- Copy of Birth certificate
- Copy of Baptismal certificate
- Court documents describing custody arrangements
- Copy of immunizations
- Copy of most recent report card & standardized testing
- Copy of IEP documents (if applicable)
- Textbook loan request
- Transportation request- must turn into district yourself**
- Transfer of Records request
- Payment contract

_____ Transfer Grant \$ _____

Transferring family from public school grades 2-7 _____
Initial

_____ Other \$ _____
Initial

_____ Referral
_____ family was referred by the _____ family.

Submitted: _____ Date _____

Principal/Pastor Approval

Signature _____ Date

Fees

Registration Fee received

Check # _____ Amount _____

Cash Amount received _____

Online Payment made:
Date: _____ Amount _____

Received/Verified by: _____
Date: _____