

APPLICATION ADDITIONAL CHILD

Academic Year _____ (ex: 2015—2016)

School Hours: Full Day 7:50 – 3:00 Half Day 7:50 – 11:00

Please choose one: New Family _____ Current Family/New Student _____

Applying for Grade:

PK3 3 Day Full Day PK3 3 Day Half Day PK3 5 Day Full Day PK3 5 Day Half Day PK4 Full Day PK4 Half Day

If you register for half day, your child may be placed in a combined PK3/PK4 classroom.

Grade _____ *If a new family, a copy of most recent report card should be attached to this application*

STUDENT INFORMATION

Student Name (Last, first, middle) _____

Prefers to be called _____

Male _____ Female _____

Date of Birth (Month/Day/Year) _____

Place of Birth (City/State/Country) _____

Student's address - Street _____

City _____

State _____

Zip Code _____

Home Phone number (if applicable) _____

Health Conditions (Allergies, etc.) _____

List All Medications _____

Last School Attended (if applicable) _____

Grade _____

Reason for Transfer (if applicable) _____

Public School Nearest Your Home _____

Does/has student received Special Education Services? Reading Math Speech Other: _____

Does student have an IEP? Yes No **If yes , information should be attached to this application**

Student's Ethnic/Racial Background:

American Indian or Alaskan Asian

Black or African-American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Two or more races

Languages spoken at home _____

Student's Religion _____

Parish, Church, or Place of Worship _____

City/State _____

Baptism Date _____

Parish, Church, or Place of Worship _____

City/State _____

First Communion Date _____

Parish, Church, or Place of Worship _____

City/State _____

Confirmation Date _____

Parish, Church, or Place of Worship _____

City/State _____

