

Preschool – 8th Grade School Application

Date of Application _____
Desired Enrollment Date _____
Entering Grade _____
Preschool Program 2 Day ____ 3 Day ____ 5 Day ____
Age of Child _____

STUDENT INFORMATION

Name _____ Sex _____
Last First Middle

Home Address _____
Street & Number City State/Zip Code

Telephone (____) _____ Religion: Catholic ____ Non-Catholic ____

Place of Birth _____ Date of Birth _____
City State/Country

PLEASE CHECK ALL THAT APPLY TO THE CHILD:

Ethnic Background

Hispanic
 White
 Black
 Asian
 Pacific Islander
 American Indian
 Native Alaskan

Living with

Both Parents
 Father
 Mother
 Shared custody
 Legal Guardian

Language spoken at home

English
 Spanish
 Other _____

Student's spoken language

English
 Spanish
 Other _____

Parental Information

Father: Married
 Single
 Divorced
 Remarried
 Deceased

Mother: Married
 Single
 Divorced
 Remarried
 Deceased

Citizenship

Citizen
 Non-U.S. Citizen (specify) _____
 Student Visa __yes__no

Current School: _____ Current Grade: _____
Name of School

Current School: _____
Address & Number City State/Zip Code

Public School District where student currently lives: _____

OFFICE USE ONLY:

Screening Date: _____
Screening Approved by: _____ Processing Fee Amount _____
Acceptance Letter Sent: _____ Check#/Cash Receipt# _____
Preschool ONLY- Met Director: _____

FAMILY RECORD

Father's Name _____ Email: _____
Last First

Address _____
Street & Number City State/Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Occupation _____
Name of Business Type of Work

Business Address _____
Street & Number City State/Zip

Birthplace _____ U.S. Citizen ___ Yes ___ No Religion _____

Mother's Name _____ Email: _____
Last First

Address _____
Street & Number City State/Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Occupation _____
Name of Business Type of Work

Business Address _____
Street & Number City State/Zip

Birthplace _____ U.S. Citizen ___ Yes ___ No Religion _____

IF CHILD IS NOT LIVING WITH PARENT(S)

Guardian's Name _____ Email: _____
Last First

Address _____
Street & Number City State/Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Occupation _____
Name of Business Type of Work

Business Address _____
Street & Number City State/Zip

Birthplace _____ U.S. Citizen ___ Yes ___ No

Religion _____ Relationship to Student _____

Records of Sacraments

<u>Baptism</u>	<u>First Reconciliation</u>	<u>First Eucharist</u>
Date _____	Date _____	Date _____
Church _____	Church _____	Church _____
City _____	City _____	City _____

Name of Church or Place of Worship _____	City _____	Registered (Yes/No) _____
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Child's special health/medical/emotional concerns: _____

Has child received specialized educational testing? YES NO If YES, please explain: _____

Does child currently have an IEP? YES NO
 Has child been retained? YES NO If YES, What Grade(s)? _____
 Has child been advanced? YES NO If YES, What Grade(s)? _____

Why would you like your child to go to Madonna del Sasso School? _____

Other family members who have attended Madonna del Sasso School:

Name: _____ Grades: _____ Years: _____
 Name: _____ Grades: _____ Years: _____
 Name: _____ Grades: _____ Years: _____

How did your hear about our school? Newspaper Television Radio Website Flyer
 Friend/Family Breakfast Club Other _____

Madonna del Sasso School does not discriminate on the basis of race, color, national and/or ethnic origin, or gender in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.