

Divine Wisdom Catholic Academy

APPLICATION FORM 2017-2018 ACADEMIC YEAR

GRADES K-8

BAYSIDE CAMPUS: _____

DOUGLASTON CAMPUS: _____

Grade Entering: _____ Transferring School (if applicable): _____

Zoned Public School: _____ School Address: _____

NYC Department of Pupil Transportation Busing Requested: _____

STUDENT INFORMATION: STUDENT'S NAME MUST MATCH BIRTH CERTIFICATE

First Name: _____ Middle: _____ Last: _____

Check One: Male Female Birth Date: _____
mm/dd/yyyy

Family Name (if different than student's last name): _____

Student's Home Address:

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Preferred E-Mail: _____

What is the city, state, and country where this student was born? _____

What is the primary language spoken at home? _____

Other languages spoken at home are: _____

How many children are in your family? _____

List sibling's names, school attending, and grade:

Names	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation: Catholic Parish Affiliation: _____

Non-Catholic Religious Affiliation if any: _____

What is the name and location of the church where this student currently worships? _____

Please indicate if the student received the sacrament of Baptism in a Roman Catholic Church. Yes No

_____ Date _____ Name of Church and location

If the student has received any of the following sacraments of the Roman Catholic Church, please enter the dates and the name of the church (es):

Penance: _____
 Date _____ Name of Church _____

Communion: _____
 Date _____ Name of Church _____

Confirmation: _____
 Date _____ Name of Church _____

Ethnic Background: Is the student Hispanic, Latino, or Spanish Origin (regardless of race): Yes No

Race: Please check one. (for NYS Statistical Studies)

American Indian/Alaskan Native Asian Black Native Hawaiian or other Pacific Islander White

I.E.P. or Special Services Needed: _____

Medical Information:

What was the date of this student's 1st DTP Immunization? _____

Special Needs (Allergies, etc.) _____

Food Allergies? _____

History of Asthma? _____

Does the child require an inhaler? _____ Nebulizer? _____

History of Serious Illness or Hospitalization: _____

Doctor's Name: _____ Phone: _____
 Address: _____

Father:

Title _____ (Mr., Dr., etc.) First Name _____

Last Name _____ Work Phone: (____) _____

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

Email: _____

Place of Employment _____ Position _____

Mother:

Title _____ (Mrs., Dr., Ms., etc.) First Name _____

Last Name _____ Work Phone: (____) _____

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

Email: _____

Place of Employment _____ Position _____

Guardian/Caretaker: (resides at the same address as student)

Title _____ (Mr., Mrs., Dr., Ms., etc.) First Name _____
Last Name _____ Work Phone: (____) _____
Home Phone (____) _____ Cell Phone (____) _____
Email: _____
Place of Employment _____ Position _____

EMERGENCY INFORMATION:

Name: _____ Relationship to Student: _____
Phone Contact: _____
Name: _____ Relationship to Student: _____
Phone Contact: _____

Person, (other than yourself) picking up your child:

Name: _____ Relationship to Student: _____
Phone Contact: _____
Does the child know this person? Yes No

Is there anyone that should not be picking up your child? _____

Are parents divorced or separated? Yes No Indicate: _____
Are any custodial papers needed to be on file with the school? _____

Please list any information about your child you feel the school should know: _____

Person(s) responsible for tuition:

Name: _____
Address: _____
Street _____ apt # _____
City _____ State _____ Zip Code _____

Signature of Parent/Guardian _____ **Date** _____

Application Fee and Tuition payments are **NON-REFUNDABLE** unless your child is not accepted.

For office use only:		
Personal Statement Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Code of Behavior Agreement Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Financial Obligations Contract Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Birth Certificate or Passport Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Baptismal Certificate for Roman Catholic Students Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Immunization Records Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Academic Records Received (Including prior year final and current report card and IEP or 504 if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Shadow Day and/or Family Interview:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Application Fee Received: Amount _____ Cash/Check # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____