

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: Yes No Date _____

Code of Behavior Agreement Received: Yes No Date _____

Financial Obligations Contract Received: Yes No Date _____

Birth Certificate or Passport Received: Yes No Date _____

Baptismal Certificate for Roman Catholic Students Received: Yes No Date _____

Immunization Records Received: Yes No Date _____

Academic Records Received (Including prior year final and current report card and IEP or 504 if applicable): Yes No Date _____

Shadow Day and/or Family Interview: Yes No Date _____

Application Fee Received: Amount _____ Cash/Check # _____ Yes No Date _____