

# Divine Wisdom Catholic Academy

## APPLICATION FORM 2019-2020 ACADEMIC YEAR

### GRADES K-8

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 1<sup>st</sup> 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.

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