



# New Student APPLICATION

## 2016-2017 School Year

### For Office Use Only

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Received By: \_\_\_\_\_  
 Application Fee Paid: \_\_\_\_\_  
 Family Account #: \_\_\_\_\_  
 Tuition Assistance:  Yes  No  
 T&T  AAS  ACA  Other  
 Received:  
 Transcripts  
 Discipline Record  
 Birth Certificate  
 Social Security Card  
 Baptismal Record, if Catholic  
 Sibling Consideration  
 Name of Sibling: \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade Applying To:  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  
 5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Please complete the entire form. Please print legibly.

If you have any questions regarding this form, please contact Ms. Sandra Morton, Principal, at (314) 389-0401

STUDENT INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address:			
City / State / ZIP		Home Phone	
Birth date ____/____/____	Social Security Number ____ - ____ - ____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Religion	Church Attending (if applicable)	Pastor	
Describe the family situation (please check all that apply): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <input type="checkbox"/> Father has custody* <input type="checkbox"/> Mother has custody* <input type="checkbox"/> Joint custody* <input type="checkbox"/> Guardian has custody* <i>*If applicable, please submit a copy of the court-mandated parenting plan with the application.</i>			
Student lives with (please check all that apply): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) Other: _____			
The following information is optional (please check all that apply): <input type="checkbox"/> African <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____			
Primary Language Spoken at Home:		Person(s) responsible for tuition:	
Public School District in which the family resides:		Public school student would attend in district:	

<b>SIBLING INFORMATION:</b>			
Name	Birth Date	Grade	School Attending (Indicate if applying to this school)
<b>FATHER'S INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
<b>MOTHER'S INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
<b>STEP-FATHER INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
<b>STEP-MOTHER INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Employer & Position			
<b>GRANDPARENT INFORMATION:</b>			
Maternal Grandparents	Address	City / State / ZIP	Phone
Paternal Grandparents	Address	City / State / ZIP	Phone

**MEDICAL INFORMATION (MUST BE COMPLETED FOR ALL STUDENTS IN A FAMILY):**

Student's Physician and Phone	Student's Dentist and Phone
-------------------------------	-----------------------------

Hospital where student should be taken if parent or physician is unavailable

Allergies and Other Medical Conditions (check all that apply)

Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Asthma    Diabetes    Epilepsy    Heart Problems    Recurring Illness

Other Medical Concern: \_\_\_\_\_

Medications to be taken at school: \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIANS, TWO ARE REQUIRED):**

*By listing a person as an Emergency Contact, they are also allowed to pick up the child from school.*

Emergency Contact # 1 (required)	Relationship to Student	Phone(s)
Emergency Contact # 2 (required)	Relationship to Student	Phone(s)
Emergency Contact # 3 (optional)	Relationship to Student	Phone(s)
Emergency Contact # 4 (optional)	Relationship to Student	Phone(s)

**ADDITIONAL INFORMATION:**

Please describe any special educational needs that your child may have (attach additional sheet if necessary)

Does this student have an IEP?    Yes    No      If "yes," we will need a copy of the IEP for our records.

Please briefly indicate why you are seeking to transfer your child to this school:

**Statement of Confidentiality:**

It is the policy of this school that all information received regarding an applicant’s application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

**Non Discrimination Policy:**

St. Louis Catholic Academy will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit this completed application along with the non-refundable fee of \$50 per child (Make check/money order payable to “St. Louis Catholic Academy”)***

**Upon receipt and review of completed application materials, all applicants will be informed of their acceptance status.**

**Contact Us**

Ms. Sandra Morton, Principal  
4720 Carter Avenue  
St. Louis, MO 63115  
Phone: 314.389.0401  
Fax: 314.389.7042  
[www.stlcatholicacademy.org](http://www.stlcatholicacademy.org)