



### Student Application

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Date of Application \_\_\_\_\_

Grade Applying For \_\_\_\_\_

Birth Certificate # \_\_\_\_\_

#### Child's Information

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Primary language spoken at home \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

Sacrament	Date	Church	Location
<b>Baptism (certificate required)</b>			
<b>Reconciliation</b>			
<b>First Holy Communion</b>			
<b>Confirmation</b>			

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

#### Mother's Information

*Please circle*      Single      Married      Separated      Divorced      Deceased

Name \_\_\_\_\_  
Last First Maiden

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

#### Father's Information

*Please circle*      Single      Married      Separated      Divorced      Deceased

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_



**Student Application**

<p><b>Custody of Child</b> (if applicable)</p> <p>Custodial Parent _____  <small>Relationship</small></p> <p>Documentation _____</p> <p>Date provided _____</p>	<p><b>Guardianship of Child</b> (if applicable)</p> <p>Guardian _____  <small>Name</small></p> <p>Relationship _____</p> <p>Documentation _____</p> <p>Date provided _____</p>
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<b>Child's Education</b>			
Previous schools attended			
Name	Address	Grades Completed	Dates
<p>Child has been evaluated by the district <b>Committee on Special Education</b>.    ___ Yes    ___ No</p> <p>Child has been evaluated by a private psychological or educational agency.    ___ Yes    ___ No</p> <p>If answer to either or both statements above is <b>YES</b>, applicant must complete the following:</p>			
Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other _____			
<p>If child has been seen by the public district <b>Committee on Special Education</b>, applicant must complete the following:</p> <p>1. Was an IEP ever generated?                    ___ Yes    ___ No    Copy Submitted _____  <small style="margin-left: 150px;">Date</small></p> <p>2. Child has a <b>Section 504 Accommodation Plan</b>.    ___ Yes    ___ No    Copy Submitted _____  <small style="margin-left: 150px;">Date</small></p>			
District Name and #	Date of most recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Signature of Parent or Guardian _____	Date: _____
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**ANNUNCIATION SCHOOL Kindergarten through Grade 7  
Supplemental Application for September 2010**

For Office Use Only

Has your child ever been retained? \_\_\_\_\_(yes) \_\_\_\_\_(no)

If yes, what grade? \_\_\_\_\_

Has your child ever been tutored? \_\_\_\_\_(yes) \_\_\_\_\_(no)

If yes, what grade level? \_\_\_\_\_ What subject? \_\_\_\_\_

Does anyone read to your child at home? \_\_\_\_\_(yes) \_\_\_\_\_(no)

What types of books does your child read? \_\_\_\_\_

Does your child read independently? \_\_\_\_\_(yes) \_\_\_\_\_(no)

How much does your child read per day? \_\_\_\_\_

How much TV does your child watch? \_\_\_\_\_

How much time does your child spend on computer? \_\_\_\_\_

What interests (sports/hobbies) does your child have? \_\_\_\_\_

\$40 Applic. Fee rec'd \_\_\_\_\_

\$120 Reg. Fee rec'd \_\_\_\_\_

General Fee rec'd \_\_\_\_\_

Tuition Catholic \_\_\_\_\_

Tuition Non-Catholic \_\_\_\_\_

Comments:

**FOR KINDERGARTEN ONLY**

**PLEASE CHECK ALL THAT APPLY:**

- |                                  |                              |                                |
|----------------------------------|------------------------------|--------------------------------|
| _____ CAN DRESS SELF             | _____ UNDERSTANDS ENGLISH    | _____ KNOWS SHAPES             |
| _____ TOILET TRAINED/NO Pull ups | _____ SPEAKS ENGLISH         | _____ KNOWS COLORS             |
| _____ USES EATING UTENSILS       | _____ SPEAKS CLEARLY         | _____ CAN HOLD CRAYON/PENCIL   |
| _____ CAN ZIPPER JACKET/COAT     | _____ TALKS IN SENTENCES     | _____ CAN DRAW A STRAIGHT LINE |
| _____ CAN GO UP AND DOWN STEPS   | _____ PLAYS WELL WITH OTHERS | _____ SHARES WITH OTHERS       |

Is there any medical condition (asthma, diabetes, other) that the school should be aware of?

\_\_\_\_\_ (yes) \_\_\_\_\_ (no)

If yes, please explain: \_\_\_\_\_

Please explain why you would like your child to attend Annunciation

\_\_\_\_\_

You must attach copies of your child's birth certificate, baptismal certificate (if catholic), record of immunization, current report card, last year's report card, standardized test scores. (if applicable) Your child's admission will be considered upon verification of all information contained in this application. Testing may be necessary, and the principal of your child's current/former school may be contacted. The \$40.00 (cash or money order) application fee is non-refundable.

Please note: Annunciation will contact you regarding an appointment for an interview. You must bring your child with you.

There is a \$100.00 NON-REFUNDABLE REGISTRATION FEE per family. LATE REGISTRATION IS \$200.00 per family. The Home School Association fee is \$20 per family. Please contact the school immediately with any change to address or telephone numbers.

By signing below, I certify that all of the information I have provided on this application is true, and there are no outstanding balances with my child's current/former school. If my child is invited to register at Annunciation School, and I choose to register, I agree to abide by all of the rules and regulations as outlined in the Parent/Student Handbook.

\_\_\_\_\_ Date of Application

\_\_\_\_\_ Parent Signature