



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
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

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# _____



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<p>Custody of Child (if applicable)</p> <p>Custodial Parent _____ <small>Relationship</small></p> <p>Documentation _____</p> <p>Date provided _____</p>	<p>Guardianship of Child (if applicable)</p> <p>Guardian _____ <small>Name</small></p> <p>Relationship _____</p> <p>Documentation _____</p> <p>Date provided _____</p>
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Child's Education			
Previous schools attended			
Name	Address	Grades Completed	Dates
<p>Child has been evaluated by the district Committee on Special Education. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child has been evaluated by a private psychological or educational agency. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If answer to either or both statements above is YES, 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 Committee on Special Education, applicant must complete the following:</p> <p>1. Was an IEP ever generated? <input type="checkbox"/> Yes <input type="checkbox"/> No Copy Submitted _____ <small style="margin-left: 150px;">Date</small></p> <p>2. Child has a Section 504 Accommodation Plan. <input type="checkbox"/> Yes <input type="checkbox"/> 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

2012-2013 Supplemental Application for PreK through Grade 7

Has your child ever been retained? _____ (yes) _____ (no)

If yes, in what grade? _____

Has your child ever been tutored? _____ (yes) _____ (no)

If yes, in what grade? _____ What subject(s)? _____

Does your child read independently? _____ (yes) _____ (no)

What types of books does your child read? _____

How much does your child read per day? _____

How much TV does your child watch? _____ Favorite shows: _____

How much time does your child spend on the computer each day? _____

Please list any siblings who currently attend Annunciation and their grade levels:

Please explain why you would like your child to attend Annunciation School: _____

For Pre-Kindergarten and Kindergarten Only

Please check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Holds crayon / pencil correctly | <input type="checkbox"/> Knows shapes | <input type="checkbox"/> Knows colors |
| <input type="checkbox"/> Understands/Speaks English | <input type="checkbox"/> Speaks in sentences | <input type="checkbox"/> Speaks Clearly |
| <input type="checkbox"/> Plays well with others | <input type="checkbox"/> Shares with others | <input type="checkbox"/> Toilet Trained (no Pull-Ups) |
| <input type="checkbox"/> Can draw a straight line | <input type="checkbox"/> Can dress self | <input type="checkbox"/> Can go up and down stairs |
| <input type="checkbox"/> Can zipper coat / jacket | <input type="checkbox"/> Uses eating utensils | <input type="checkbox"/> Can recognize own name |

How often do you read with your child? _____

At what age did your child begin to speak in sentences? _____

At what age did your child begin to walk? _____

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 him /her, I agree to abide by all of the rules and regulations as outlined in the Family Handbook.

Parent's Signature

Date