



# Annunciation School

## Student Application

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

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

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

### Child's Information

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

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

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

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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

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



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**Custody of Child** (if applicable)

Custodial Parent \_\_\_\_\_  
Relationship

Documentation \_\_\_\_\_

Date provided \_\_\_\_\_

**Guardianship of Child** (if applicable)

Guardian \_\_\_\_\_  
Name

Relationship \_\_\_\_\_

Documentation \_\_\_\_\_

Date provided \_\_\_\_\_

Child's Education			
Previous schools attended			
Name	Address	Grades Completed	Dates

Child has been evaluated by the district **Committee on Special Education**. \_\_\_\_ Yes \_\_\_\_ No

Child has been evaluated by a private psychological or educational agency. \_\_\_\_ Yes \_\_\_\_ No

If answer to either or both statements above is **YES**, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other _____			

If child has been seen by the public district **Committee on Special Education**, applicant must complete the following:

- Was an IEP ever generated? \_\_\_\_ Yes \_\_\_\_ No Copy Submitted \_\_\_\_\_  
Date
- Child has a **Section 504 Accommodation Plan**. \_\_\_\_ Yes \_\_\_\_ No Copy Submitted \_\_\_\_\_  
Date

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: \_\_\_\_\_

# Annunciation School

## Supplemental Application for PreK through Grade 7

School district that you reside in: \_\_\_\_\_

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 per day? \_\_\_\_\_ Favorite TV shows: \_\_\_\_\_

\_\_\_\_\_

How much time does your child spend on a computer / tablet 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