



# 2019-2020 Application for Admission Form

## SCHOOL

St. Raphael Academy (PK-3)  St. Augustine Academy (4-8)  St. Andrew Academy (PK-8)  St. Ann Academy (PK-8)

## STUDENT/FAMILY INFORMATION

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Phone: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F Social Security Number: \_\_\_\_\_

Religion:  Catholic  Non-Catholic Place of Worship: \_\_\_\_\_  
  (NAME) (CITY) (STATE) (COUNTRY)

Race:  White  Black  Asian  2 or more Races  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander

Ethnicity: (select one)  Hispanic or Latino  Non-Hispanic or Non-Latino

### Father/Guardian:

Name: \_\_\_\_\_  
(TITLE) (FIRST) (LAST)

Address: \_\_\_\_\_  
(STREET) (CITY)

Phone: \_\_\_\_\_  
(HOME) (MOBILE)

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion:  Catholic  Non-Catholic

Marital Status: \_\_\_\_\_

### Mother/Guardian:

Name: \_\_\_\_\_  
(TITLE) (FIRST) (LAST)

Address: \_\_\_\_\_  
(STREET) (CITY)

Phone: \_\_\_\_\_  
(HOME) (MOBILE)

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion:  Catholic  Non-Catholic

Marital Status: \_\_\_\_\_

If divorced/separated, is there joint custody?  Yes  No If No, are visitation rights permitted to non-custodial parent?  Yes  No

Student lives with: (select all that apply)  Mother  Father  Grandparent  Guardian  Other \_\_\_\_\_

## SIBLINGS *If additional space is needed, please list on back*

\_\_\_\_\_  
(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

\_\_\_\_\_  
(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

## MEDICAL

Student's Pediatrician: \_\_\_\_\_  
(NAME) (PHONE)

Student's Dentist: \_\_\_\_\_  
(NAME) (PHONE)

Hospital Preference: \_\_\_\_\_  
(NAME) (PHONE)

Does the student have allergies, severe health issues and/or is taking medications?  Yes  No If yes, please explain \_\_\_\_\_

## SCHOOLS PREVIOUSLY ATTENDED

\_\_\_\_\_  
(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

\_\_\_\_\_  
(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

### SACRAMENTS *(for Roman Catholics only)*

Has your child received the Sacraments of Baptism:  Yes  No Reconciliation:  Yes  No Communion:  Yes  No

Baptism: \_\_\_\_\_  
(DATE) (CHURCH) (CITY) (STATE)

Reconciliation: \_\_\_\_\_  
(DATE) (CHURCH) (CITY) (STATE)

Communion: \_\_\_\_\_  
(DATE) (CHURCH) (CITY) (STATE)

### MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website. (select one)  Yes  No

### SPECIAL SERVICES\*

Have you ever been invited to attend a PPT meeting for your child?  Yes  No

For students entering Pre-K or K: Has your child received services through Birth to 3?  Yes  No

*\*This information is necessary for teachers to plan for your child's success. Failure to disclose this information may halt an application and/or result in children being asked to transfer to receive services necessary for them to succeed.*

Home Language Survey:

When your child began to speak, what language did he/she speak? \_\_\_\_\_

What language do the parents/guardians speak to each other? \_\_\_\_\_

What language is spoken most often at home? \_\_\_\_\_

### EMERGENCY CONTACTS (Non-Parent or Non-Guardian)

\_\_\_\_\_  
(NAME) (DAYTIME PHONE) (RELATIONSHIP)

\_\_\_\_\_  
(NAME) (DAYTIME PHONE) (RELATIONSHIP)

### OTHER

Bus Transportation Requested (Bridgeport residents only):  Yes  No If Yes, select one:  Morning Only  Afternoon Only  Both

Which public school would your child attend if not Catholic school? \_\_\_\_\_  
(SCHOOL NAME) (CITY)

Please include the following to complete the application:

Application Fee (non-refundable)  Copy of Birth Certificate  Copy of Baptismal Certificate  Student Records Release Form

### SIGNATURES

*I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the Catholic Academy of Bridgeport including the tuition policy.*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_