



ST. ALOYSIUS CATHOLIC SCHOOL

St. Aloysius School Application Day Tuesday, January 10, 2017

St. Aloysius School Application Day for Prospective Students in Pre-K – 8th Grade is **Tuesday, January 10th from 9:00 a.m.-1:00 p.m. in the St. Aloysius Parish Hall**. The application can be downloaded from the school website or can be completed on site this day. All applicants should bring copies of the child's birth certificate, baptismal certificate, immunization record, and \$125 per application—non-refundable processing fee. Transfer students will also need copies of all prior report cards, standardized test scores, and reports from any psycho-educational testing. Applications will not be considered for admission until all of the items are received.

Pre-K & Kindergarten Entrance Requirements:

Pre-K: Child must be four years old on or before September 30 of the year entering Pre-K. The school reserves the right to contact and obtain a recommendation from the child's previous caregiver/childcare center. Possible pre-screening will take place based on recommendation from previous childcare and/or based on child's age. This is to ensure proper placement for your child and to reduce the possibility of retention.

Note that in an effort to meet the needs of our growing parish families, the St. Aloysius Child Care Center will offer a 4- year old program for children who are ready for the academics of Pre-K but need the gift of time and a smaller setting. This program will follow the St. Aloysius School's Pre-K Curriculum. This is also an option for those parents needing full-day care as well as a year-round option. Placement into either the School's Pre-K or K following the Child Chare Center's 4-year old program will be a joint determination between St. Aloysius Child Care Center and St. Aloysius School, to ensure success of the child.

All children in St. Aloysius School's Pre-K must re-apply for Kindergarten.

K: Child must be five years old on or before September 30 of the year entering Kindergarten. The school reserves the right to contact and obtain a recommendation from the child's previous child care center. Possible pre-screening will take place based on recommendation from previous child care and/or based on child's age. This is to ensure proper placement for your child and to reduce the possibility of retention.

Letters of notification will be mailed by February 10, 2017.

St. Aloysius School Admission Policy

*Note that an “active” St. Aloysius parishioner is defined as one identifiably participating in all phases of Church parish stewardship: Prayer, Offering, and Ministry. Minimally, “Stewardship of Prayer” means regularly being part of the worshipping faith community at Sunday and Holy Day Masses. “Stewardship of Offering” means regularly, consistently, and identifiably contributing to Sunday church support and/or building fund collections through the use of stewardship envelopes, automatic bank draft, or bank-by-mail, according to financial ability. “Stewardship of Ministry” means active and identifiable involvement in a Church parish ministry of service.

Students are accepted to St. Aloysius School based on space availability and the following prioritized criteria for Pre-K through 8th Grade:

1. Children (baptized Catholics) whose parents are registered active parishioners* of St. Aloysius Church, living within the territorial boundaries of St. Aloysius Parish, with children presently enrolled
-Children of employees of St. Aloysius Parish, School, or Child Care Center.
2. Children (baptized Catholics) whose parents are registered active parishioners* of St. Aloysius Church, living outside the territorial boundaries of St. Aloysius Parish, with children presently enrolled.
3. Children (baptized Catholics) whose parents are registered active parishioners* of St. Aloysius Church, living within the territorial boundaries of St. Aloysius Parish, with no children presently enrolled.
4. Children (baptized Catholics) whose parents are registered active parishioners* of St. Aloysius Church, living outside the territorial boundaries of St. Aloysius Parish, with no children presently enrolled.
5. Children (baptized Catholics) whose parents are registered but are not active parishioners* of St. Aloysius Church. (follows the order above 1-4)
6. Children (baptized Catholics) from Out-of-parish Catholic families with siblings presently enrolled in St. Aloysius School.
7. Children (baptized Catholics) from Out-of-parish Catholic families with no siblings presently enrolled in St. Aloysius School.
8. Children of Non-Catholic families, who allow their children to participate in the school’s religion program.

**If all criteria are met equally and there is limited space, the child applying from the St. Aloysius Child Care Center will be given priority. The St. Aloysius School Pre-K Program was created to bridge the gap between pre-school and kindergarten for our parishioners involved in this ministry, and we will honor that commitment.



ST. ALOYSIUS CATHOLIC SCHOOL

FOR OFFICE USE ONLY

Date/Time Rec'd _____

Check # _____

APPLICATION FOR ADMISSION

GRADE LEVEL APPLYING FOR: _____

YEAR APPLYING FOR: _____

Copies of the following documents must be received in order to complete registration:

Birth Certificate _____ Baptism Certificate _____ Immunization Record (Up-to-date) yes__ no__ Social Security No. _____

Standardized Tests (from previous year) _____ Report Cards (from previous & current year) _____

Applicant Information:

First Name _____ Middle Name _____ Last Name _____ Goes By _____

Current Address _____ City & State _____ Zip Code _____

Home Phone Number _____ Birth date (mm/dd/yyyy) _____ Race _____

SSN: _____ - _____ - _____ Gender _____ Is a sibling currently enrolled at St. Aloysius School? _____

Please list any sibling(s) and grade(s) or other relatives enrolled at SAS.

Religious Affiliation _____

Registered Church Parish _____

Geographical Church Parish (in which child lives) _____

St. Aloysius Parish I.D. Number _____

Father's Name _____

Mother's Name _____

Parents are (Circle One):

Married Divorced
Separated Remarried

Student resides with (Circle One):

Both Parents Mom Dad

Family Contact Information

FATHER

Title	First Name	Middle Initial	Last Name
* Father's Current Address		City, State & Zip Code	
* Father's E-Mail Address		* Father's Home Phone Number	
Father's Cell Phone Number		Father's Work Phone Number	
Father's Occupation		Father's Employer	
Father's Registered Church Parish		Father's Religious Affiliation	

MOTHER

Title	First Name	Middle Initial	Last Name
* Mother's Current Address		City, State & Zip Code	
* Mother's E-Mail Address		* Mother's Home Phone Number	
Mother's Cell Phone Number		Mother's Work Phone Number	
Mother's Occupation		Mother's Employer	
Mother's Registered Church Parish		Mother's Religious Affiliation	

STEPFATHER

Title	First Name	Middle Initial	Last Name
* Stepfather's Current Address		City, State & Zip Code	
* Stepfather's E-Mail Address		* Stepfather's Home Phone Number	
Stepfather's Cell Phone Number		Stepfather's Work Phone Number	
Stepfather's Occupation		Stepfather's Employer	
Stepfather's Registered Church Parish		Stepfather's Religious Affiliation	

STEPMOTHER

Title	First Name	Middle Initial	Last Name
* Stepmother's Current Address		City, State & Zip Code	
* Stepmother's E-Mail Address		* Stepmother's Home Phone Number	
Stepmother's Cell Phone Number		Stepmother's Work Phone Number	
Stepmother's Occupation		Stepmother's Employer	
Stepmother's Registered Church Parish		Stepmother's Religious Affiliation	

Sacraments Received: (Please include copy of all sacraments especially Baptismal certificate.)

Church

City, State

Date

Baptism _____

Reconciliation _____

First Communion _____

Previous Educational Information: Please list any schools, with addresses, in which the applicant previously attended (including pre-school). Attach an additional list if needed.

Full Name of School

Address

Grade Level(s) Attended

1. _____

2. _____

3. _____

Participation in Parish Life

_____ St. Aloysius

_____ Other Parishes

As a parent(s) or guardian(s), I participate in the financial stewardship of St. Aloysius church parish as an identified contributor as determined by the regular use of church envelopes in the Sunday collection, automatic bank draft, or bank by mail.

_____ Yes _____ No

Comments: _____

As a parent(s) or guardian(s), I am actively involved in the ministries of my church parish in the following ways: (e.g., lector, Eucharistic ministry, PSR teacher, altar society, fair worker, talent stewardship, etc.) _____ Yes _____ No

Please list your current activities:

As a Catholic parent(s) or guardian(s), I participate in the stewardship of prayer in my church parish by the weekly celebration of the Eucharist. Such participation is part of my obligation and privilege promised at my child's baptism to see that he/she practices the Catholic faith.

_____ Yes _____ No

Comments: _____

If your child is currently in public school, has he/she attended the Parish School of Religion? _____ Yes _____ No _____ # of years

Please briefly explain why you want your child to attend St. Aloysius School. _____

Medical Information

Has your child had an educational evaluation done? Yes No If yes, please attach a copy of the evaluation.

Applicant's Doctor _____

Phone Number: _____

My child has no medical conditions at this time.

1. Please check if student has been diagnosed with any of the following problems:

ADD/ADHD (Circle One)

Diabetes

Hearing Difficulties

Depression/Anxiety Disorder

Frequent Nosebleeds

Eye Problems (lazy eye, color blindness,

Migraine Headaches

Chronic Stomach Problems

vision difficulties)

Seizure Disorder

Skin Problems (eczema, dermatitis, etc.)

Wears eyeglasses/contact lenses

Asthma

Heart/Blood Conditions

Speech

Arthritis

Tubes in Ears

Other (Please explain)

2. Please provide further explanation of any of the above: _____

3. Has your child ever had surgery or serious injuries? Please explain _____

4. Has your child ever had a serious allergic reaction to any of the following, which would require emergency care?

Ant Bites

Bee Stings

Latex

Foods

Medication

Please explain nature of reaction and type of intervention needed: _____

5. Does your child take any daily/long term medication? Please explain and give name, dosage and time given: _____

6. Does your child have any special problems, physical limitations, or chronic disabilities of which school officials should be aware? _____

7. Please add specific instructions for special conditions. _____

In case of illness or emergency during school hours, please list names of local persons, with their phone numbers, of persons the school office can contact if parents cannot be reached.

Name/Relationship

Phone Number (Including Area Code)

1. _____

2. _____

Are you, [Applicant's parent(s)] a St. Aloysius School alumnus? If so, please list year graduated: _____

If Mom is alum, please list maiden name: _____

Parent's Signature: _____ Date: _____

Comments: _____