



ST. ALOYSIUS CATHOLIC SCHOOL

St. Aloysius School Application Day Wednesday, January 10, 2018

St. Aloysius School Application Day for Prospective Students in Pre-K – 8th Grade is **Wednesday, 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 applications **must include** copies of the child's birth certificate, baptismal certificate, official immunization record with the doctor's signature or stamp, and \$130 per application—non-refundable processing fee. If your child is offered admission an additional \$125 registration fee will be due by March 1, 2018. Applicants for grades 1-8 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 7, 2018.

\$125 Registration will be due by March 1, 2018

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.

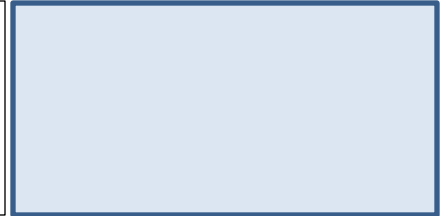
Students are accepted to St. Aloysius School based on space availability and the following prioritized criteria for Pre-K through 8th Grade:

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



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 _____ Official Immunization Record 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) _____ Birth Place (City, State) _____ 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 _____

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 Marital Status (Circle one):						
Married	Separated	Divorced	Remarried	Single	Father's Religious Affiliation	Father's Registered Church Parish

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 Marital Status (Circle one):						
Married	Separated	Divorced	Remarried	Single	Mother's Religious Affiliation	Mother's Registered Church Parish

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	

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	

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

Baptism _____	_____	_____
Church	City, State	Date
Reconciliation _____	_____	_____
Church	City, State	Date
First Communion _____	_____	_____
Church	City, State	Date

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

Medical Information

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, vision difficulties)
_____ Migraine Headaches	_____ Chronic Stomach Problems	_____ Wears eyeglasses/contact lenses
_____ Seizure Disorder	_____ Skin Problems (eczema, dermatitis, etc.)	_____ Speech
_____ Asthma	_____ Heart/Blood Conditions	_____ Other (Please explain)
_____ Arthritis	_____ Tubes in Ears	

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.

1. _____
Name Relationship

_____ Home # (Include Area Code) _____ Work # (Include Area Code) _____ Cell # (Include Area Code)

2. _____
Name Relationship

_____ Home # (Include Area Code) _____ Work # (Include Area Code) _____ Cell # (Include Area Code)

Parent's Signature: _____ **Date:** _____

Comments: _____
