

Dear Parents,

Attached you will find the application for kindergarten at St. Aloysius Catholic School. Please return the completed form, copies of necessary documents, as well as the appropriate fee to the school office by January 31, 2018.

St. Aloysius offers a full day kindergarten program. State law sets August 1 as the cutoff date for school (Kindergarten, age 5 by August 1 – Grade One, age 6 by August 1). However, children with late birthdays are not always ready for kindergarten. Please consider this as you proceed with the enrollment process. We will always strive to meet each student's needs but it is best to discuss these needs before actual enrollment. Any emotional/behavioral/academic assessments must be disclosed with your application, prior to enrollment. Placement in our Pre-K program is also an option based on your child's individual readiness.

Also, please note the following medical requirements for kindergarten students. "All kindergarten students must submit an immunization certificate, a physical examination form, and a vision examination form by the first day of school." These exams/immunizations can be from a previous check-up as long as they are within 12 months from the beginning of school.

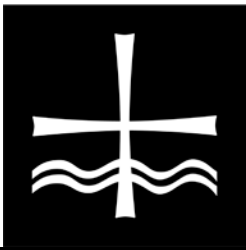
Once the completed application and necessary forms have been received you will need to set up your KRT (Kindergarten Readiness Test) screening appointment. We will do these in small groups in February 2018. We appreciate your interest in St. Aloysius Catholic School. Please call the school office with any questions or concerns. We look forward to another successful school year.

Sincerely,

Maryann Hayslip, Principal

**CHECKLIST:**

- \_\_\_ Completed Application
- \_\_\_ Copy of state birth certificate (not the hospital copy)
- \_\_\_ Copy of baptismal certificate if not baptized at St. Aloysius
- \_\_\_ Current immunization / physical
- \_\_\_ Child's social security number is included on application
- \_\_\_ \$150.00 fee per child (one check along with fees for siblings is fine)
- \_\_\_ Copies of prior assessments included if applicable  
(includes first steps, speech, developmental delays, occupational therapies, etc.)



**ARCHDIOCESE OF LOUISVILLE**  
**CATHOLIC ELEMENTARY SCHOOLS**  
**STUDENT APPLICATION FORM—ST. ALOYSIUS SCHOOL**  
**Current Family Data**

	PARENT/GUARDIAN	PARENT/GUARDIAN
Name		
Relationship (Mother, Father, Step-parent, Guardian, Grandparent, Deceased)		
Marital Status (Married, Single, Widowed, Divorced/Remarried, Separated)		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
E-mail Address		
Religion		
Employer		
Occupation		

Direct Correspondence to:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Publish in School Directory? Yes No

Primary language spoken at home: \_\_\_\_\_

Names and dates of birth of ALL children in family (list pre-school children first):

Boys: \_\_\_\_\_

Girls \_\_\_\_\_

Custody (if applicable): Single (Y/N) \_\_\_\_\_ Name: \_\_\_\_\_

Joint (Y/N) \_\_\_\_\_ Names: \_\_\_\_\_

Physician to be contacted in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student (Applicant) Name: \_\_\_\_\_ Gender: M F

Name student goes by: \_\_\_\_\_

Maternal Grandparent Contact Information: Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Paternal Grandparent Contact Information: Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you registered, active parishioners at St. Aloysius?      Yes                  No

How long have you been members? \_\_\_\_\_

If not members, what parish/church do you attend? \_\_\_\_\_

Do you have children that have graduated from St. Aloysius?      Yes                  No

Names: \_\_\_\_\_

What parish activities (either here or at other parishes) have you participated in recently?  
If activities are at other parishes, please indicate that in the "other information" area.

Parent Name	Committee or Group	Specific Activity	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did your child attend preschool or another kindergarten?    Yes                      No

If so, where and/or how often? \_\_\_\_\_

Name of (Pre)School/Daycare: \_\_\_\_\_

Name of Director/Primary Teacher: \_\_\_\_\_

Address of (Pre)School/Daycare: \_\_\_\_\_

Phone of (Pre)School/Daycare: \_\_\_\_\_

Does your child have any severe allergies or medical issues we need to be aware of to ensure a safe learning environment?                      Yes                      No

Did/Does your child have any learning challenges that we need to be aware of in order to provide the best educational experience possible? (includes First Steps)    Yes                      No

Is your child completely potty trained and self sufficient in the restroom?    Yes                      No

If you indicated an issue above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you and the physician of your choice, as indicated on this application, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes     No                      Signature of parent or guardian:

\_\_\_\_\_

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes     No                      Signature of parent or guardian:

\_\_\_\_\_





## Previous (Pre)School Record Release Form

Date: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

&

Present Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Fax Number: \_\_\_\_\_

The above named student(s) applied for admission to St. Aloysius Catholic School. Please send a complete transcript and/or cumulative record, which include the following information:

1. Grades up to the time of withdrawal. Please include an explanation of the grading and/or credit system.
2. Attendance Records
3. Test scores with names and dates given
4. Health and Immunization Records
5. Any reports or testing results from psycho-educational testing including Strategy plans, 504 Plans, speech plans, first steps or occupational therapy plans.

We appreciate your promptness. Thank you.

Please send records to:

Maryann Hayslip, Principal  
St. Aloysius Catholic School  
122 Mt. Mercy Drive  
Pewee Valley, KY 40056

Parental permission for release of records is not required when requested by authorized school personnel. (Family Educational and Privacy Act—P. L. 93-380)