

Dear Parents,

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

Please note the following medical requirements for students. "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. 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 also be disclosed prior to acceptance.

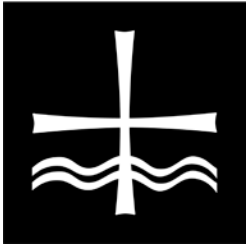
Once the completed application and necessary forms have been received, we will contact your former school to obtain records and recommendations. Once everything has been reviewed, we will be in contact with you. We appreciate your interest in St. Aloysius Catholic School. Please call the school office 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 form
- ___ 2 Letters of recommendation (forms online, one math & one language)
- ___ \$150.00 fee (one check along with fees for siblings is fine)
- ___ Copies of prior assessments included if applicable
(including psycho-educational, speech, occupational therapies, delays, 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous 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, developmental delays, speech 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)