

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 25, 2019.

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. We also encourage families to schedule a shadow day when your son or daughter can come and meet new friends, walk through a typical class schedule and get to know our program better. These are arranged on an individual basis by calling the office.

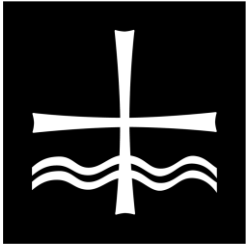
Once the completed application and necessary forms have been received, we will contact your former school to obtain records and recommendations. Once everything has been reviewed, we will be in contact with you. We appreciate your interest in St. Aloysius Catholic School. Please call the school office 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.)
- \_\_\_ Schedule a shadow date in the spring



**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
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# **INDIVIDUAL STUDENT INFORMATION (ONE SHEET PER CHILD)**

Name: \_\_\_\_\_  
  First  Middle  Last  Nickname

Child's Social Security: \_\_\_\_\_ Gender: M    F

Date of Birth: \_\_\_\_\_

Birth City/State/Country: \_\_\_\_\_

Proposed Grade Placement: \_\_\_\_\_ Oldest (Y/N) \_\_\_\_\_

First Language Child Learned to Speak: \_\_\_\_\_

Language Child Speaks Most Often: \_\_\_\_\_

### **After school, child goes to:**

Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

### **Religious Records:**

Religion: \_\_\_\_\_

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptism				
First Eucharist				
First Reconciliation				
Confirmation				

### **Health/Emergency Information:**

First Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Health/Physical Limitations:

\_\_\_\_\_

Medicine(s):

\_\_\_\_\_

Why do you want to send your child to St. Aloysius Catholic School?

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**FOR OFFICE USE ONLY**

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Pre-registration Fee Paid \_\_\_\_\_

Received by \_\_\_\_\_

Records Requested \_\_\_\_\_

Baptismal Certificate Verified (Y/N) \_\_\_\_\_

Immunization Certificate (Original) (Y/N)

Physical Exam Certificate (Y/N)

Registered in Parish (Y/N)

Birth Certificate Verified (Y/N)

Accepted / Not Accepted \_\_\_\_\_

Conditions of Acceptance \_\_\_\_\_ Notified \_\_\_\_\_

# 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)