

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.

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 your 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 requirement 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, we will set up your Brigance testing appointment. We appreciate your interest in St. Aloysius Catholic School. Please let us know if you have any questions or concerns.

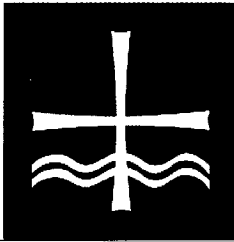
Sincerely,

Paula Smith
Principal

CHECKLIST:

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

- _____ Brigance testing with office



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:

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):

Previous School Record Release Form

Date: _____

Student(s) Name: _____

And

Present Grade: _____

Current school attending: _____

Address: _____

Phone/Fax Number: _____

Email address of school office: _____

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 name 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:

Paula Smith, Principal
St. Aloysius Catholic School
122 Mount Mercy Drive
Pewee Valley, KY 40056

Email: frontoffice@staloyusipwv.org
Fax Number: 502-243-2241

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