

SAINT AGNES S C H O O L

APPLICATION FOR PRE-K 3

Student's Full Name _____ First Name to be used in school _____

Age _____ Date of Birth _____ Place of Birth _____ Sex M F Ethnicity _____

Religion _____ Date of Baptism _____ Church/Parish Name _____

Home Address _____ City _____ County _____ Zip Code _____

Mailing Address (if different from home) _____

Phone Number(s) for School Reach Communication System _____

Mother's Name (Maiden Also) _____

Home Address (If different from child's) _____

Primary Phone _____ Cell Phone _____ E-mail Address _____

Religion _____ If Catholic, are you a supporting (active) member of a parish? Yes No

Occupation _____ Place of Employment _____ Work Phone _____

Father's Name _____

Home Address (If different from child's) _____

Primary Phone _____ Secondary Phone _____ E-mail Address _____

Religion _____ If Catholic, are you a supporting (active) member of a parish? Yes No

Occupation _____ Place of Employment _____ Work Phone _____

Parents are: Married _____ Separated _____ Divorced _____ Other _____

Is there a custody agreement? _____ If yes, please file a copy of custody agreement with the school office.

In which program would you like to enroll your child?

5-day ½ day AM Program

(8:30-11:30)

10 months

5-day Extended ½ Day Program

(8:30-12:30)

10 months

5-day All Day Program

(7:30-5:30)

12-months

Do you plan to have your child attend Kindergarten at St. Agnes School? Yes No Undecided

EMERGENCY INFORMATION

List two people who can assume temporary care of your child during school hours if you can not be reached (in case of a sick child, etc.)

Name _____ Phone _____

Name _____ Phone _____

In case of an accident or illness, I request the school contact me. If unable to reach, me, I hereby authorize the school to call the physician listed below and follow his/her instructions. If impossible to contact this physician, the school may take whatever action deemed necessary.

Local Physician's Name _____ Phone _____

Address _____

Names and ages of other children living at home

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD FROM SCHOOL

Please list below any person who has your permission to pick up your child from school, so that we may avoid any embarrassment, inconvenience or confusion. The school will not release your child to anyone who does not have written permission from you so do so. Please use an additional sheet of paper if necessary.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL EDUCATION INFORMATION

1. What goals do you have for your child at preschool? _____

2. Please list some of your child's strengths and interests. _____

3. Please list some areas in which you feel your child could improve. _____

4. In what type of educational setting is your child currently?

- Home with parent
- Home with nanny/sitter
- Family daycare
- Childcare setting

Name of the childcare provider or setting (if applicable). _____

5. Is your child toilet trained? daytime and nighttime daytime only pull-ups

6. Has your child been tested for special education services? Yes No If yes and services were indicated, please list services your child receives and the coordinating school district or county agency.

7. If a language other than English is spoken in the home, does the applicant speak English? Yes No N/A

8. Is anyone in the home multilingual? If so, what languages are spoken? _____

9. Is there anyone in the home who does not speak English? Yes No If yes, what language? _____

Active family involvement is integral to each student's education. Please check areas in which you would like to participate in school life.

- School Events
- Fundraising
- Substitute Teaching
- Volunteering in the Classroom
- Curriculum Committee
- School Leadership

Please return this form to the school office along with a non-refundable \$50 application fee.

I understand that St. Agnes School does its best to admit all students to their program of choice.

I have read this application form and agree to the medical and pick up policies as stated.

Parent/Guardian's Signature

Date

Please Print Parent/Guardian's Name

St. Agnes School cultivates intellectual growth
while engaging heart and spirit.

We provide a safe, caring, family-like environment.

We awaken a lifelong love of learning through a blend of
traditional and progressive educational approaches.

St. Agnes School welcomes children of all faiths
from three years of age to third grade.