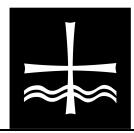
Dear Parents,

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 15, 2016.

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
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 Schoo	ol Directory? Yes No	
Primary language spoken at home:			
Names and dates of birth of ALL children	in family (list pre-school child	ren 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: Gende				
Name student goe	s by:			
Maternal Grandpa	rent Contact Information: Na	me		
Street Address: _				
City:	Ziţ	Code:		
Phone Number: _	Ema	il Address:		
Paternal Grandpar	rent Contact Information: Nar	me		
Street Address: _				
City:	Zi _I	Code:		
Phone Number: _	Ema	il Address:		
Are you registered	l, active parishioners at St. Ale	oysius? Yes	No	
How long have yo	ou been members?			
If not members, w	hat parish/church do you atter	nd?		
Do you have child	ren that have graduated from	St. Aloysius? Yes	No	
Names:				
	ities (either here or at other pa other parishes, please indicate			
Parent Name	Committee or Group	Specific Activity	Dates	

Does your child hensure a safe learn		evere allergies or medical onment?	issues we Yes	need to be aware of to No
=	-	earning challenges that we l experience possible?	e need to b	e aware of in order to No
If you indicated a	n issue ab	ove, please explain:		
reached in an em	ergency a ospital att d (properly	your choice, as indicated nd, if in the judgement of tention is indicated, do you accompanied) to an ava	the schoo ou authoriz ilable hosp	ol authorities, immediate e the school authorities
		orginature or parent or ga		
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 g	guardian:	

INDIVIDUAL STUDENT INFORMATION (ONE SHEET PER CHILD)

Name: I	First	Middle	Last	Nic	ckname
Child's Social Sec	curity:		Gender:	М	F
Date of Birth:					
Proposed Grade	Placement:		Oldest (Y/N)		
First Language Cl	hild Learned to	Speak:			
Language Child S	peaks Most Oft	en:			
		P	hone:		
Religious Record	ls:				
Religion:				_	
SACRAMENT	DATE	CHURCH	CITY/STATE		ZIP
Baptism					
First Eucharist					
First Reconciliat	tion				
Confirmation					
Health/Emergen	•		Phone:		•
First Contact/Relation:Second Contact/Relation:					
Hospital:					
Health/Physical I					
Medicine(s):					_
` ,					

Why do you want to send your child to St. Aloysius Catholic School?		
FOR OFFICE USE ONLY		
Due registration Fee Daid		
Pre-registration Fee PaidReceived 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 adn Please send a complete transcript and/or cur information:	nission to St. Aloysius Catholic School. mulative record, which include the following		
1. Grades up to the time of withdrawal and/or credit system.	. Please include an explanation of the grading		
2. Attendance Records			
3. Test scores with names and dates given			
4. Health and Immunization Records5. 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	1.		
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)