



**ADDITIONAL STUDENT INFORMATION**

Please indicate the name(s) and grade(s) of any siblings applying to and/or already attending South Boston Catholic Academy:

1. Name \_\_\_\_\_ Grade \_\_\_\_\_

2. Name \_\_\_\_\_ Grade \_\_\_\_\_

Has your child ever been placed on an Individual Education Plan (IEP) or had a CORE evaluation? [ ] Yes [ ] No

\*If yes, please provide a copy with your application.

Has your child ever been diagnosed with any learning disabilities? [ ] Yes [ ] No

\*If yes, please explain: \_\_\_\_\_

Has your child ever been placed on probation, suspended or expelled from school? [ ] Yes [ ] No

\*If yes, please explain: \_\_\_\_\_

**REGISTRATION FEE**

To officially apply to South Boston Catholic Academy, please include a **\$100.00 non-refundable registration fee per child**. Payment of this fee does not secure a seat for your child.

**DOCUMENTATION**

In order for the student's application to be completed, the following documents must be received:

\_\_\_\_\_ A Non-Refundable \$100.00 registration fee per student \$200.00 per family

\_\_\_\_\_ Baptismal Record if student is a Catholic

\_\_\_\_\_ Student's Birth Certificate (or Passport if born outside the U.S.)

\_\_\_\_\_ Student's Immunization Records up to date

\_\_\_\_\_ A copy of all academic records, including the last two report cards

**ADDITIONAL DOCUMENTATION for STUDENTS ENTERING GRADES 1 through 6**

\_\_\_\_\_ Discipline Report

\_\_\_\_\_ A copy of all Standardized Test results

\_\_\_\_\_ A copy of Office Card-Permanent Record

**SIGNATURE**

By signing below, I certify that the information above is true and accurate.

Name of Parent/Guardian (*please print*): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the Academy? \_\_\_\_\_ website \_\_\_\_\_ Friends/Family \_\_\_\_\_ Another Parent \_\_\_\_\_ Newspaper Ad

South Boston Catholic Academy School does not discriminate against students for admission on the basis of race, color or creed.