



South Boston Catholic Academy

Faith, Family, Academic Excellence

Pre-K

Student Application

***3yrs. by Sept. 1**

Students turning 3 after September 1st and before December 31st will be accepted after their 3rd birthday if space is available.

SESSIONS

Full Day 5 * 3

5 Half Day

**Tues. Wed. Thur.*

STUDENT INFORMATION

Student Legal Name: _____
Last Name First Name Middle Name

Student Address: _____
City State Zip

Student Date of Birth: _____ Place of Birth: _____ Student Gender: [] male [] female

Race/Ethnicity _____ Language Spoken at Home _____

Religion: _____ Was your child Baptized ___Y___N

If yes date of Baptism: _____ Church: _____

Student lives with: _____ Both Parents _____ Birth Mother _____ Birth Father _____ Other

If someone other than the parent(s) is legally responsible for the child, please list below:

Name	Street Address	City/State/Zip	Phone Number	Relationship
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FAMILY INFORMATION

Mother/Guardian 1

Legal Name: _____ Mother's Maiden Name: _____

Relationship to Student: _____ Place of Birth: _____ Religion: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work _____

Email (print clearly) _____ Occupation: _____

Father/Guardian 2

Legal Name: _____ Relationship to Student: _____ Place of Birth: _____ Religion: _____

Address: _____
Street City State Zip

Cell _____ Work _____ Occupation: _____ Email(print) _____

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 received early intervention services or been diagnosed with any learning/behavioral issues? [] Yes [] No
If yes please explain _____

Has your child ever been diagnosed with any learning disabilities? [] Yes [] No
*If yes, please explain: _____

Does your child have any allergies: [] Yes [] No
*If yes, please explain: _____

Does your child require an EpiPen, inhaler or daily medications: [] Yes [] No
If yes please provide medical documentation.

Does your child have any medical problems our school nurse should be aware of: [] Yes [] No
*If yes, please explain: _____

REGISTRATION FEE

To officially apply to South Boston Catholic Academy, please include a **\$150.00 non-refundable registration fee per child \$225.00 per family**. 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 \$150.00 registration fee per student \$225.00 per family
- ____ If student is Catholic please submit Baptismal certificate
- ____ Student's Birth Certificate (or Passport if born outside the U.S.)
- ____ Student's Immunization Records

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 Academy: _____ website _____ Friends/Family _____ Another Parent _____ Newspaper Ad _____ Other _____

For Office Use Only:

Registration Fee: \$150.00: \$225.00 family maximum

Paid: _____ Date: _____ Check #: _____ Cash: _____ Received by _____

Baptismal Certificate: _____ Birth Certificate: _____ Immunization Forms: _____

Date of Completed File: _____ File Completed By: _____