



**ADDITIONAL STUDENT INFORMATION**

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 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: \_\_\_\_\_

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 \_\_\_\_\_

<p><b>For Office Use Only:</b>  Registration Fee: \$150.00: \$225.00 family maximum</p> <p>Paid: _____ Date: _____ Check #: _____ Cash: _____ Received by _____</p> <p>Baptismal Certificate: _____ Birth Certificate: _____ Immunization Forms: _____</p> <p>Date of Completed File: _____ File Completed By: _____</p>
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