



# NOTRE DAME ACADEMY

*A SISTERS OF UNION-CHRÉTIENNE DE SAINT CHAUMOND SCHOOL*

## **2019-2020 STUDENT APPLICATION**

If enrollment is not for the next school term, please specify the enrollment year: \_\_\_\_\_

GRADE LEVEL: Preschool License # 376700222 (Please Circle) 2 days, 3 days, 5 days

Kinder Prep K 1 2 3 4 5 6 7 8

### STUDENT INFORMATION:

STUDENT LEGAL NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

NICKNAME: \_\_\_\_\_ Male Female

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_

Last school attended: Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Has student received any special services or support from previous schools? (See back of this form) Yes No

Student is living with: *Both Parents* *Father* *Mother* *Guardian*

Religion: *Catholic* *Other:* \_\_\_\_\_ Parish Attending: \_\_\_\_\_

Baptism: Date: \_\_\_/\_\_\_/\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_/\_\_\_/\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_

Ethnic background of the student: *American Indian / Alaska Native* *Asian* *Black or African American* *Hispanic* *Native Hawaiian / other Pacific Islander* *White*

### FAMILY INFORMATION:

*Mother* *Guardian* *Father* *Guardian*  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religion: *Catholic* *Other:* \_\_\_\_\_ Religion: *Catholic* *Other:* \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Enrollment will not be considered without submission of student's birth certificate, signed Application, and \$75 non-refundable application fee.

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature of Mother / Guardian Date

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature of Father / Guardian Date

Notre Dame Academy has a Learning Resource Center that supports students' individual needs. The following information assists us in identifying and designing your child's educational program.

Special Services or Support:

Please list any special services or support your child has received from previous schools:

- Reading Services \_\_\_\_
- Speech and Language Services \_\_\_\_
- Counseling Services \_\_\_\_

Special Education Services:

My child has an Individual Educational Plan (IEP) \_\_\_\_

- Resource Support \_\_\_\_
- Special Day Class \_\_\_\_

My child has NOT received any special services or support from previous schools: \_\_\_\_