



**Saint Agatha School**

**Saint Agatha School**  
*Celebrate Christian Values ~ Excel in Education*  
440 Adams Street  
Milton, Massachusetts 02186  
Telephone: 617-696-3548  
Fax: 617-696-6288  
E-mail: School@StAgathaParish.org

**2012 – 2013 School Year**

**Please include your non-refundable application fee of \$200 per child with the completed application**

**STUDENT INFORMATION**

**Please indicate the Grade for which you wish to apply:** \_\_\_\_\_

Your child **MUST** be 4 years old for K1 and 5 years old for K2 by August 31<sup>st</sup>, 2012 to enter grade

Student Name: \_\_\_\_\_  
Last First Middle Name

Address: \_\_\_\_\_  
Street City State Zip Code

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Student Race/Ethnicity: \_\_\_\_\_ Child's Primary Language at Home: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ Home Parish: \_\_\_\_\_ Envelope #: \_\_\_\_\_

Student lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Please indicate below the school where your child is now attending:

\_\_\_\_\_  
Name Street Address City/State/Zip Code Phone Number

**FAMILY INFORMATION**

Mother/Guardian – Legal Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Father/Guardian – Legal Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's E-mail Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION**

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 of the most recent IEP with your child's application.

Has your child ever been diagnosed with a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Are you interested in using the: Extended Day Program Yes \_\_\_\_\_ No \_\_\_\_\_ Before School Program Yes \_\_\_\_\_ No \_\_\_\_\_

Is someone other than parents responsible for financial obligations of child, please indicate below:

Name	Street Address	City/State/Zip Code	Phone Number	Relationship
<b>REQUIRED DOCUMENTS</b>				

Please include the following documentation with your child's application.

Application Fee of \$200.00 per student \_\_\_\_\_

Immunization Record \_\_\_\_\_

Copy of latest physical \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Baptismal Record (if Catholic) \_\_\_\_\_

Copy of all Academic Records \_\_\_\_\_

Copy of Permanent Record Card (Grades K-8) \_\_\_\_\_

Standardized Testing or MCAS (Grades 2-8) \_\_\_\_\_

**SIGNATURE**

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

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

Have you had any relatives attend St. Agatha School? If so, please indicate below and include maiden name:

Name/Maiden Name	Relationship	Class Year
Do you have other children attending St. Agatha School? If so, please indicate name and grade:		

Name	Grade
How did you hear about Saint Agatha School? _____	

**Screening will be by appointment upon receipt of application form and fee.**

**Office Use Only**

**Application Fee:** \_\_\_\_\_ **Received:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Documentation:**

\_\_\_\_\_ **Baptismal Certificate** \_\_\_\_\_ **Birth Certificate** \_\_\_\_\_ **Health Records** \_\_\_\_\_ **Academic Records**

\_\_\_\_\_ **Permanent Record** \_\_\_\_\_ **Report Cards**

**Date:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_