



# St. Anthony of Padua School

45 East Gainsborg Avenue  
West Harrison, NY 10604  
(914) 949-6986



## STUDENT APPLICATION

Date of Application : \_\_\_\_\_  
Grade Applying For: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_  
\_\_\_\_\_

### Child's Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell # \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_  
Gender \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_  
Child Resides with \_\_\_\_\_ Relationship \_\_\_\_\_

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>Location</u>
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

### Mother's Information

Please circle: Single Married Separated Divorced Deceased

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_ Email \_\_\_\_\_ Contact Number \_\_\_\_\_

### Father's Information

Please circle: Single Married Separated Divorced Deceased

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_ Email \_\_\_\_\_ Contact Number \_\_\_\_\_

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## Custody of Child (if applicable)

Custodial Parent: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Documentation: \_\_\_\_\_  
Date Provided: \_\_\_\_\_

## Guardianship of Child (if applicable)

Guardian: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Documentation: \_\_\_\_\_  
Date Provided: \_\_\_\_\_

## Child's Education

Previous School Attended			
Name	Address	Grades	Dates

Child has been evaluated by the district Committee on Special Education \_\_\_\_\_ YES \_\_\_\_\_ NO

Child has been evaluated by a private psychologist or educational agency \_\_\_\_\_ YES \_\_\_\_\_ NO

If answer to either or both statements is YES, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other			

If child has been seen by the public district Committee on Special Education, applicant must complete the following:

District Name and #	Date of most recent IEP	Date of last Psychological Evaluation	Classification and Recommended Placement

Child has a Section 504 Accommodation Plan \_\_\_\_\_ YES \_\_\_\_\_ NO Date Copy Submitted \_\_\_\_\_

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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