



Saint Agatha School
We live as to honor God in all that we do.
440 Adams Street, Milton, MA 02186
Telephone: 617 696-3548 ** Fax: 617 696-6288
E-mail: School@StAgathaParish.org

STUDENT INFORMATION

Please indicate the Grade for which you wish to apply for September 2018: _____

Your child MUST be 3 years old by August 31st to enter K0 (3 year old program). _____ 3 day program _____ 5 day program

Student Name: _____
Last First Middle Name

Address: _____
Street City State Zip Code

Gender: _____ Date of Birth: _____ City/State of Birth: _____

Religion: _____ Student Race/Ethnicity: _____ Primary Language at Home: _____

Date of Baptism: _____ Church of Baptism _____ Home Parish: _____

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	Relationship	Phone Number
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Name of school student currently attends: _____ Grade _____

FAMILY INFORMATION

Mother/Guardian – Legal Name: _____
Last First Maiden Name

Address: _____ Religion: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Email Address: _____ Mother's Occupation: _____

Father/Guardian – Legal Name: _____
Last First Middle Initial

Address: _____ Religion: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's E-mail Address: _____ Father's Occupation: _____

ADDITIONAL STUDENT INFORMATION

Has your child received or is your child currently receiving any special services? If so, please list frequency and specifics of services and/or academic area.

Resource Assistance/Academic Support _____

Occupational Therapy _____

Speech Therapy _____

Individual Education Plan/504 Plan (please attach a copy of the plan) _____

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

Please explain: _____

Does your child have any medical problems that the school should be aware of? _____

Please describe any challenges your child may have that the school should be aware of _____

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

Do you have other children attending St. Agatha School? If so, please indicate name and grade: _____

How did you hear about St. Agatha School? _____

REQUIRED DOCUMENTS

Please include the following documentation with your child's application. An onsite visit will be by appointment upon receipt of forms and fees.

_____ Non-refundable Application Fee of \$100.00 per student

_____ Copy of Baptismal Certificate

_____ Copy of Birth Certificate

_____ Report Cards (full record from last completed school year and any progress reports/report card from the current year)

_____ Student Evaluation Form to be completed by current Teacher (for students entering K1- Grade 7)

_____ Student Questionnaire to be completed by applicant (applicable for students applying to Grades 5-7)

SIGNATURE

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

**Please be sure to include your non-refundable application fee of \$100 per child with the completed application
A school visit will be scheduled by appointment upon receipt of completed application form, required documents and fee.**