



2009-2010

# New Student Application

Preschool—8th Grade

Current Family Sibling     Parishioner     Open Enrollment

## STUDENT INFORMATION

*Please Print*

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

Grade Next Year (2009-2010): \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Family E-Mail (for home/school communication): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please check one:** \_\_\_ St. Elizabeth Ann Seton Parishioner  
\_\_\_ Catholic Non-Parishioner (Parish: \_\_\_\_\_)  
\_\_\_ Non-Catholic

**Race:** \_\_\_ White \_\_\_ Hispanic  
\_\_\_ Black \_\_\_ American Indian  
\_\_\_ Asian \_\_\_ Pacific Islander

**Student Lives With:** \_\_\_ Both Parents  
\_\_\_ Mother  
\_\_\_ Father  
\_\_\_ Grandparent  
\_\_\_ Other: \_\_\_\_\_

Current School: \_\_\_\_\_

Any other schools your student has attended: \_\_\_\_\_

*For Preschool, complete page 3 in addition to 1 and 2*

## Father Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Middle Initial Last

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

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Mother Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Middle Initial Last

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

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Special Needs/Behavior/Testing Information**

In order to assist us in meeting your child's educational needs please complete the following questions.

Has applicant been recommended for any accelerated programs?  Yes  No

If yes, what subjects: \_\_\_\_\_

Has applicant been evaluated or tested for any special needs and/or learning disabili-  ties? Yes  No

If yes, in what areas: \_\_\_\_\_

Type of disability: \_\_\_\_\_

Does the applicant have physical (speech, vision, hearing, etc.) limitations that would affect his/her academic performance?

Yes   No If yes, in what areas? \_\_\_\_\_

Does applicant qualify for Special Education services? Yes  No

Does applicant have any of the following: 504 Plan  IEP

Has applicant repeated any grades? Yes  No  If yes, what grade: \_\_\_\_\_

\_\_\_\_\_My child is entering school for the first time, and I am therefore unable to answer these questions.

**STATEMENT OF COMMITMENT**

Submission of this application serves as the parents'/guardians' commitment and agreement to be governed by the policies and procedures outlined in the Seton Catholic School Handbook, available at [www.setonstars.com](http://www.setonstars.com) during the time that your child is enrolled in the school.

**FINANCIAL OBLIGATION**

I/we understand that I/we will have to pay the annual textbook fee per child which is due with this application. Should the student not be accepted, the fee will be refunded in full.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Date Submitted: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Preschool Registration

## 2009-2010

### Preschool Registration Notes:

- Collection for preschool fees will be through FACTS (3rd party tuition management company, all collected through automatic draft)
  - **Potty Training:** Seton Catholic School is not equipped or staffed for diaper changing. Ideally preschool students would be potty trained upon admission. We do however, realize that potty training is a developmental skill and therefore not everyone is on the same timeline. It is our expectation that preschool students, upon entering school, be in the process of being potty trained. Parents are expected to be actively and consistently working on this from the beginning of the school year. Diapers are not permitted, and Pull-Ups may be used during the potty training period.
- 

### General Information:

Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Child's Age as of October 1, 2009: \_\_\_\_\_ Years and \_\_\_\_\_ Months

Child's Birthday: \_\_\_\_\_

Please check the program that you are applying for:

\_\_\_\_\_ 2 ½ and young 3 year old class  
(must be 2 ½ by October 1<sup>st</sup>)  
Tuesday and Thursday Mornings

\_\_\_\_\_ 3 year old class  
(Must be 3 by October 1<sup>st</sup>)  
Morning Class: Monday, Wednesday & Friday  
Afternoon Class: Monday, Wednesday & Friday

\_\_\_\_\_ 4 & 5 year old class  
Morning Class: Monday-Thursday  
Afternoon Class: Monday-Thursday

Check preference: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

We will try to provide people with their preference, but do not guarantee that.