

Student Applicant

Parish or Church in which registered: _____ Phone: _____

Church Street Address, with City, Zip: _____

Student's Baptism

Religion: _____ Date: _____ Church: _____

Church Street Address, with City, Zip: _____

If the Student is Catholic, please indicate other sacraments received:

First Eucharist Date: _____ Church: _____

Church Street Address, with City, Zip; _____

Confirmation Date: _____ Church: _____

Church Street Address, with City, Zip: _____

In order to help us to know you and your child, please answer the following:

- 1) Has your child ever been referred for a psycho-educational assessment? __ yes __ no
- 2) Does your child have an active IEP? __ yes __ no
- 3) Is your child currently receiving: Special Services: __ yes __ no
Tutoring: __ yes __ no

If yes, please describe the services:

- 4) What are your reasons for applying to Saint Hilary School?
- 5) Please share with us a brief description of your child. What adjectives best describe him/her?
- 6) Has your child ever been suspended or expelled from any school? Please explain.

To what other schools are you applying?

- 1)
- 2)
- 3)

FIRST CHOICE: