

Registration by _____
Check _____
Date _____

St. Augustine School 2012- 2013 Registration Checklist
Questions call 914 -941 3849 (Leone Stangle)

Student Name _____	District _____
Grade _____	DOB _____

_____ \$100 (non-refundable) registration fee payable to St. Augustine School

_____ Completed Registration Form (2 pages)

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate

_____ Emergency Contact Sheet

_____ LMS Submit to Connect-Ed

_____ Immunization Record
_____ Physical within 12 months from entry date
(Reviewed by _____ Susanne Lividini, R.N)

_____ Copy of Current Report Card/Student Record (Gr 1 - 8)
_____ Transfer of Records Authorization Form (Gr 1 – 8)

_____ District Transportation Request Form
 _____ Proof of Residency

_____ District Board of Education Authorization Form

_____ SMART Tuition Form (also include one signed voided Check).

_____ K – 8 Submit to M.A. Dempsey (941-0067)

_____ Parish Envelope Number

_____ PreK Submit to Leone Stangle (941 – 3849)

_____ School Uniform Form

Fees:

Instructional/Insurance _____ Computer _____ Home/School Dues _____ Milk _____

Office Notes:

_____ Acceptance Letter Sent _____ SIS Entry _____ Cum File _____ Milk List

_____ IRIS Entry



St. Augustine School
Eagle Park, Ossining, NY 10562

Student Application

Page 1

Date of Application _____

Grade Applying For _____

Birth Certificate # _____

Child's Information

Name _____
Last First Middle

Date of Birth _____

Address _____ City _____ State _____ Apt# _____ Zip _____

Phone _____ Cell # _____

Gender _____ Religion _____ Parish _____

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child resides with _____ Relationship _____

Mother's Information

Please circle Single Married Separated Divorced Deceased

Name _____
Last First Maiden

Address _____ City _____ State _____ Apt# _____ Zip _____

Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____

Father's Information

Please circle Single Married Separated Divorced Deceased

Name _____
Last First

Address _____ City _____ State _____ Apt# _____ Zip _____

Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____

<p>Custody of Child (if applicable)</p> <p>Custodial Parent _____ <small>Relationship</small></p> <p>Documentation _____</p> <p>Date provided _____</p>	<p>Guardianship of Child (if applicable)</p> <p>Guardian _____ <small>Name</small></p> <p>Relationship _____</p> <p>Documentation _____</p> <p>Date provided _____</p>
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Child's Education																															
Previous schools attended																															
Name	Address	Grades Completed	Dates																												
<p>Child has been evaluated by the district Committee on Special Education . ____ Yes ____ No</p> <p>Child has been evaluated by a private psychological or educational agency. ____ Yes ____ No</p> <p>If answer to either or both statements above is YES, applicant must complete the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type of Evaluation</th> <th style="width: 20%;">Date of Evaluation</th> <th style="width: 30%;">Name of Agency</th> <th style="width: 20%;">Contact Name and Phone</th> </tr> </thead> <tbody> <tr> <td>Educational</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Psychological</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Speech</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Other _____</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>If child has been seen by the public district Committee on Special Education , applicant must complete the following:</p> <p>1. Was an IEP ever generated? ____ Yes ____ No Copy Submitted _____ <small style="margin-left: 150px;">Date</small></p> <p>2. Child has a Section 504 Accommodation Plan. ____ Yes ____ No Copy Submitted _____ <small style="margin-left: 150px;">Date</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">District Name and #</th> <th style="width: 20%;">Date of most recent IEP</th> <th style="width: 20%;">Date of Last Psychological Evaluation</th> <th style="width: 30%;">Classification and Recommended Placement</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone	Educational				Psychological				Speech				Other _____				District Name and #	Date of most recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement				
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I affirm that 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, incomplete 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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St. Augustine School
Eagle Park
Ossining, New York 10562

Student Name _____

Grade _____

Public School District _____

As parent/guardian I hereby authorize the Principal of St. Augustine School to submit requests to the appropriate Board(s) of Education for textbooks, library materials and computer software on behalf of my child/children under the NYSTL, NYSLIB and NYSSL programs of New York State.

Parent/Guardian Signature

Date

St. Augustine School
914 - 941 - 3849 Phone
914 - 941 - 4342 FAX
www.staugustineschool.org
Sr. Mary Elizabeth, Principal

Parents/Guardian Permission for Transfer of Student Records

I _____ authorize the			
Administrator of _____			
Name of School			
Grade		Address	
City	State	Zip	
To transfer the Academic and Health Records of:			
Name of Student			Grade
Address	City	State	Zip

To: St. Augustine School
Eagle Park, Rt 9
Ossining, NY 10562

Signature of Parent/Guardian

Date