



Student Application

Child's Information

Name _____
Last First Middle

Date of Birth _____ Place of Birth: _____

Gender: __F__M Religion _____ Parish _____

Child resides with _____ Relationship _____

SACRAMENT	DATE	CHURCH	LOCATION
Baptism <i>(Certificate Required)</i>			
Reconciliation <i>(Penance/Confession)</i>			
First Holy Communion <i>(Eucharist)</i>			
Confirmation			

Mother's Information

Please Check One: __Married__Single__Separated__Divorced__Deceased

Name _____
Last First Maiden Name

Street _____ City _____ NY Zip _____

Birthplace _____ Religion: _____ Occupation: _____

Phone: _____ Cell _____ Primary Language _____

Business Address _____ **Email** _____

Father's Information

Please Check One: __Married__Single__Separated__Divorced__Deceased

Name _____
Last First Middle

Street _____ City _____ NY Zip _____

Birthplace _____ Religion: _____ Occupation: _____

Phone: _____ Cell _____ Primary Language _____

Business Address _____ **Email** _____

Custody of Child (if applicable)

Custodial Parent _____ Documentation _____

Date Provided Documentation _____

Guardianship of Child (if applicable)

Guardian _____ Relationship _____

Documentation _____ Date provided _____

Child's Education –Schools 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 psychological or educational agency: _____ Yes _____ No

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

Child's Education – Educational Evaluation

TYPE OF EVALUATION	Date of Evaluation	Name of Agency	Contact Name / Phone
Educational			
Psychological			
Speech			
Other (Specify)			

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

1. Was an IEP ever generated? _____ Yes _____ No Copy Submitted _____
Date

1. Child has a Section 504 Accommodation Plan _____ Yes _____ No Copy Submitted _____
Date

District Name and #	Date of Most Recent IEP	Date of Last Psychological evaluation	Classification and Recommended Placement

Signature of Parent or Guardian _____ Date _____

Please print name: _____

***The CCD Program is for registered parishioners only.
By signing this application you agree to be registered in the parish if not already enrolled.***