



St. Sebastian Catholic Academy

serving the Parishes of BVM, Queen of Angels, St. Teresa and St. Sebastian

OFFICE USE ONLY

School Year: _____

Registration Fee Paid: ____ Check # _____

Please note: Registration Fee is NOT REFUNDABLE

STUDENT INFORMATION

Today's Date _____

Registering for GRADE: _____

Religion: _____

First Name _____

Middle Name _____

Last Name _____

Home Phone _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Circle one: Male Female School Previously Attended _____

Birth date _____ Place of Birth _____
mm/dd/yyyy

Has your child been evaluated privately or through the Department of Education Committee on Special Education?
___ Yes ___ No If yes, has your child received special services. Does your child have an IEP? ___ Yes ___ No
List services received _____

Please submit current IEP for review.

If the student has received any of the following sacraments of the Catholic Church, please complete the appropriate items below:

Baptism _____
mm/dd/yyyy Church Name and Location

Penance _____
mm/dd/yyyy Church Name and Location

Communion _____
mm/dd/yyyy Church Name and Location

Confirmation _____
mm/dd/yyyy Church Name and Location

Is this child the oldest child in your family enrolled in this school? Circle one: Yes No

List additional children enrolled in St. Sebastian Catholic Academy:

Name	Class	Name	Class	Name	Class
_____	_____	_____	_____	_____	_____

The name and location of the Church where this student currently worships: _____

Primary Language Spoken at home: _____ Other Language spoken at home: _____

FAMILY INFORMATION

Marital Status – Circle one: *Married Single Legally Separated Divorced* Custodial Parent? Mom Dad

If child resides with guardian not a parent: Last Name _____ First Name _____

_____ Street Address City State Zip Phone Relationship

FATHER (This is a primary caretaker of the student and resides with the student. If the father is deceased, please indicate. If the father is not a primary caretaker and does not reside with student, please indicate above.)

Last Name _____ First Name _____ Social Security Number _____

Place of Birth _____ Religion _____ Occupation _____

Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____ Check one _____ Living _____ Deceased

Email Address _____

MOTHER (This is a primary caretaker of the student and resides with the student. If the mother is deceased, please indicate. If the mother is not a primary caretaker and does not reside with student, please indicate above.)

Last Name _____ First Name _____ Social Security Number _____

Place of Birth _____ Religion _____ Occupation _____

Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____ Check one _____ Living _____ Deceased

Email Address _____

AFFILIATION STATUS OF STUDENT

ETHNICITY OF STUDENT (please check one or more)

_____ Catholic

_____ American Indian/Native American

_____ Native Hawaiian/Pacific Islander

_____ Asian _____ Black

_____ Non Catholic

_____ Multi-Racial _____ White

Hispanic: ____ Yes ____ No

Since St. Sebastian is a Catholic Academy, all students regardless of religious affiliation are enrolled in religion class and must attend religious events held during school. Please initial here _____ to indicate that you are aware of these requirements.

SIGNATURE

I agree to the schedule of tuition payments and other fees, to meet all school obligations, including attendance at Parent/Teacher conferences and other meetings as requested, and to adhere to the guidelines contained in the Student/Parent Handbook. (refer to the Student/Parent Handbook at www.stsebastianacademy.org)

Signature of Father/Mother/Legal Guardian: _____ Date: _____

Please note: Final acceptance at St. Sebastian Catholic Academy is dependent on (1) a review of prior school records and an interview if deemed necessary, (2) clear financial balance at prior Catholic school/academy, (3) payment of registration fee and tuition payment plan set up and first tuition payment in August.

Office use only: Birth Certificate _____ Baptismal Certificate _____ HLQ _____ Immun. Record _____ 1st Polio Date _____ Physical Form _____
District # _____ District School Name _____ on FACTS _____ NPSIS _____ IEP _____ Siblings _____ Yes _____ No
NYS Test results ELA _____ Math _____ Report Card 2nd _____ Final _____ Transfer School: _____