



Saint Agatha School

We live as to honor God in all that we do.

440 Adams Street, Milton, MA 02186
Telephone: 617 696-3548 ** Fax: 617 696-6288
E-mail: School@StAgathaParish.org

STUDENT INFORMATION

Please indicate the Grade for which you wish to apply for September 2019: _____

Your child MUST be 3 years old by August 31st to enter K0 (3 year old program). _____ 3 day program _____ 5 day program

Student Name: _____
Last First Middle Name

Address: _____
Street City State Zip Code

Gender: _____ Date of Birth: _____ City/State of Birth: _____

Religion: _____ Student Race/Ethnicity: _____ Primary Language at Home: _____

Date of Baptism: _____ Church of Baptism _____ Home Parish: _____

Student lives with : _____ Both Parents _____ Birth Mother _____ Birth Father _____ Other

If someone other than the parent(s) is legally responsible for the child, please list below:

Name	Street Address	City/State/Zip	Relationship	Phone Number
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Name of school student currently attends: _____ Grade _____

FAMILY INFORMATION

Mother/Guardian – Legal Name: _____
Last First Maiden Name

Address: _____ Religion: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Email Address: _____ Mother's Occupation: _____

Father/Guardian – Legal Name: _____
Last First Middle Initial

Address: _____ Religion: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's E-mail Address: _____ Father's Occupation: _____

ADDITIONAL STUDENT INFORMATION

Has your child received or is your child currently receiving any special services? If so, please list frequency and specifics of services and/or academic area.

Resource Assistance/Academic Support _____

Occupational Therapy _____

Speech Therapy _____

Individual Education Plan/504 Plan (please attach a copy of the plan) _____

Has your child ever been diagnosed with a learning disability? Yes _____ No _____

Please explain: _____

Does your child have any medical problems that the school should be aware of? _____

Please describe any challenges your child may have that the school should be aware of _____

Have you had any relatives attend St. Agatha School? If so, please indicate below and include maiden name: _____

Do you have other children attending St. Agatha School? If so, please indicate name and grade: _____

How did you hear about St. Agatha School?

REQUIRED DOCUMENTS

Please include the following documentation with your child's application. An onsite visit will be by appointment upon receipt of forms and fees.

_____ Non-refundable Application Fee of \$100.00 per student

_____ Copy of Baptismal Certificate

_____ Copy of Birth Certificate

_____ Report Cards (full record from last completed school year and any progress reports/report card from the current year)

SIGNATURE

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

**Please be sure to include your non-refundable application fee of \$100 per child with the completed application
A school visit will be scheduled by appointment upon receipt of completed application form, required documents and fee.**

