

APPLICATION FOR ENROLLMENT

NURSERY AND PRE-KINDERGARTEN

St. Edward Confessor School

2 Teibrook Avenue
Syosset, New York 11791
516-921-7767 fax: 516-496-0001
www.stedwardconfessor.org

For office use only

Interview Date _____
Birth Cert. Rev'd _____
Bapt. Cert. Rev'd _____
Immunization _____
Reg. Fee: Check# _____ Amt: _____

School Year 20 _____ Grade _____

Child's Last Name	First Name	Middle Name	Social Security Number
Street Address	City	Zip	Home Phone
Date of Birth	Birthplace (City & State)	Ethnicity	Male <input type="checkbox"/> Female <input type="checkbox"/>
Primary Language	Secondary Language		

Guardian Information:

Female Guardian (with whom student lives)
Relationship _____

Male Guardian (with whom student lives)
Relationship _____

Name _____

Name _____

Maiden Name _____

Religion _____

Religion _____

Place of Birth _____

Place of Birth _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Marital Status: Married Separated Divorced Single

If divorced or separated:

Does father have right to information: Yes No Can father visit/pick-up? Yes No
Does mother have right to information? Yes No Can mother visit/pick-up? Yes No

If the answer to either question is no, legal papers must be submitted to St. Edward Confessor School

If the child's last name is not the same as yours, please list both names below

(Child's Last Name)

(Guardian's Last Name)

(over)

Religious Background:

_____ Parish Support Letter Yes No
Religion _____ Name of Parish _____
Parish Address _____ City _____ Zip _____
Baptism Date: _____ Church Name & Address _____

Academic Background:

The following information must be provided: all prior report cards, copies of NYS and standardized test scores, baptismal and birth certificates with raise seal.

_____ Transferring from (School) _____
School District of Residence _____
Previous School Address _____ City _____ State _____ Zip _____

Has child ever been tested for special services? Yes No
Has child ever received special services? Yes No
Does child receive special services now? Yes No

If child has received or is receiving special services, please explain:

***ALL CHILDREN MUST BE ABLE TO TOILET INDEPENDENTLY**

***IEP OR 504 MUST BE SUBMITTED AT TIME OF APPLICATION. WITHHOLDING ANY EDUCATIONAL, PSYCHOLOGICAL OR BEHAVIORAL INFORMATION COULD BE GROUNDS FOR IMMEDIATE EXPULSION.**

UPON ADMITTANCE TO ST. EDWARD THE CONFESSOR SCHOOL, ALL STUDENTS ARE SUBJECT TO A 3 MONTH PROBATIONARY PERIOD FROM THE DAY THEY START CLASSES.

_____ DATE _____
PARENT/GUARDIAN SIGNATURE

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