

APPLICATION FOR ENROLLMENT

KINDERGARTEN – EIGHTH GRADE

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. Rcv'd _____
Bapt. Cert. Rcv'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 _____

Name _____

Maiden Name _____

Religion _____

Place of Birth _____

Employer _____

Occupation _____

Address _____

Work Phone _____

Cell Phone _____

Email _____

Male Guardian (with whom student lives)
Relationship _____

Name _____

Religion _____

Place of Birth _____

Employer _____

Occupation _____

Address _____

Work Phone _____

Cell Phone _____

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:

Religion _____ Parish Support Letter Yes No
Name of Parish _____

Parish Address _____ City _____ Zip _____

Baptism Date: _____ Church Name & Address _____

Reconciliation Date: _____ Church Name & Address _____

Communion Date: _____ Church Name & Address _____

Confirmation 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.

School District of Residence _____ Transferring from (School) _____ Previous School District _____

Walker Bus _____
Previous School Address _____ City _____ State _____ Zip _____

Has child ever been tested for special services? Yes No

Has child ever been enrolled in special services? Yes No

Does child receive special services now? Yes No

Is child on transitional services? Yes No

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

An IEP or 504 Plan must be provided, if applicable. 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.

PARENT/GUARDIAN SIGNATURE

DATE