Holy Name of Mary School

90 South Grove Street, Valley Stream, New York 11580
Phone: 516-825-4009, **Fax**: 516-825-2710, **Web**: www.hnomschool.org

Student Application: School Year _____

STUDENT NAME **ENTERING GRADE**

Office Use Only:

___ **Completed Application** ___ **Original Birth Certificate**

___ **Original Baptismal Certificate** ___ **Request for Records** ___ **Medical Forms**

___ **Immunization Record** ___ **FACTS Tuition Account** ___ **VIRTUS Screening**

___ **Parish Registration Number** ___ **Tuition Deposit N & Pre-K** ___ **Registration Fee (K-8)**

Religious Information:

Student's Religion □ Catholic □ Non-Catholic

If Non-Catholic, Christian Religious Denomination Practiced: _____

If Catholic: □ HNM Parishioner Church Envelope # _____
□ Non-Parishioner

Parish Where Family GEOGRAPHICALLY resides _____

Sacrament	Church	Location	Date	Cert
Baptism				
Reconciliation				
Communion				
Confirmation				

Academic Information:

Previous School(s)Attended	City, State	Grade	Year(s)

Student Name _____
LAST FIRST MIDDLE

Student Information:

Address of Residence _____

Town_____(NY) Zip_____

Home Phone: _____

District of Residence: _____

Specific District of Residence: _____

Gender: □ M □ F

Ethnicity: Is the student Hispanic or Latino? Yes _____ No _____

What is the student's Race?
□ American Indian or Alaskan Native
□ Asian
□ Black or African American
□ Native Hawaiian / Other Pacific Islander
□ White

DOB (use form MM/DD/YYYY) _____

(Original Documentation Only accepted for the following for either Birth Cert or Passport :)

Proof of Birth: Birth Certificate: # _____
Passport: # _____

Date of Entry into the USA: _____

Birthplace-City: _____

Birthplace-State: _____

Birthplace-Country: _____

Primary Language Spoken in Home: _____

Secondary Language Spoken in Home: _____

:

Student Name _____
LAST FIRST MIDDLE

Sibling Information:

Name	Age	Date of Birth	School Attending

Parent Information:

Mailing Salutation: **Mr. & Mrs.** **Mr.** **Ms.** **Miss**

	Mother	Father	Guardian/ Stepparent
Name: First Last			
Maiden			
Living/Deceased			
Religion			
Country of Birth			
If Not USA, Date of Entry			
Education Completed			
Employer: Name Address			
Home Phone			
Work Phone			
Cell Phone			
E-Mail			

Child Resides With?
□ Both Parents □ Mother □ Father □ Other_____

Who Has Legal Custody? *
□ Both Parents □ Mother □ Father □ Other_____

*** Current legal documentation must be provided prior to acceptance for any sole custody family.**

Is This A Single Parent Household? □ Yes □ No
:

Student Name _____
LAST FIRST MIDDLE

Please answer the following questions:

1. Has your child ever been recommended for evaluation or evaluated by a school district Committee for Special Education? ____ **YES**____ **NO** (if **No** go to Question 6)

2. If yes, Name of recommending school _____
Date of the evaluation _____
Did they recommend any accommodations or services?

Testing Accommodations	____ **Yes**	____ **No**
Collaborative/Inclusion Classroom	____ **Yes**	____ **No**
Resource Room Teacher	____ **Yes**	____ **No**
Speech Teacher	____ **Yes**	____ **No**
Remediation Services Reading	____ **Yes**	____ **No**
Remediation Services Math	____ **Yes**	____ **No**

3. Did you accept or deny the implementation of services?
____ **Accept** ____ **Deny**

4. Do you authorize our school to contact your previous school?
____ **Initial** ____ **Date**

5. Do you have an IEP (Individualized Educational Plan) from any school district for your child? ____ **YES**____ **NO (If Yes-has it been provided to us? (____)**

6. Do you anticipate any special support services your child will need to be a successful student at Holy Name of Mary School? ___ **YES** ___ **NO**

If yes, please explain _____

7. Does your child have a Section 504 for accommodations? ___ **YES** ___**NO**

Medical Concerns _____

_____

An IEP or 504 Plan must be provided, if applicable. WITHHOLDING ANY EDUCATIONAL, PSYCHOLOGICAL OR BEHAVIORAL INFORMATION COULD BE GROUNDS FOR EXPULSION.

_____

Person Completing This Form **(Please Print)** **(Relationship to Child)**

Signature_____ **Date**_____

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