

NATIVITY ACADEMY AT ST. BONIFACE

529 East Liberty St.
Louisville, KY 40202
502-562-2190

APPLICATION FOR ADMISSION 2010/2011

Please type or print **all** information. Incomplete information cannot be accepted.
Primary Requirements for Student Admission: Successful completion of Grade 5 or 6
Eligibility for the Federal School Lunch Program

DATE: _____

STUDENT INFORMATION

Student's Name: _____
(First) (Middle) (Last)

Home Address: _____

City, State _____ Zip Code _____

Home Phone: _____ Social Security Number: _____
(Area Code)

Date of Birth: _____ Birth Country: _____ Sex: _____

Present School: _____ Present Grade: _____

Address of School: _____

First Language Learned: _____ Language Most Often Spoken: _____

ACADEMIC INFORMATION:

Schools attended (if different from present school)

School	Address	Grade	Dates Attended
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Has your child ever been retained in a grade? If so, which grade? _____

Has your child ever skipped a grade? If so, which grade? _____

Is there any illness or disability which may interfere with your child's studies or participation in extra-curricular activities? If yes, please indicate what they are (asthma, dyslexia, etc.) and explain:

____ Yes ____ No _____

Please list any medication your child is taking and the reason for taking it:

Is your child presently enrolled in any type of special program (reading assistance, behavior management, etc.) at the school she/he attends or elsewhere? If yes, please describe the program.

____ No ____ Yes _____
Description of program

FAMILY INFORMATION: (Information in this section is required)

Mother/Guardian

Father/Guardian

Name: _____

Occupation: _____

Employer: _____

Position: _____

Home Phone: _____
(Area Code)

Work Phone: _____
(Area Code)

Cell Phone/Pager _____

Email: _____ Email: _____

Birth Country _____

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BROTHERS and SISTERS:

NAMES	DATE OF BIRTH	AGE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADULTS AND CHILDREN LIVING IN STUDENT'S HOUSEHOLD:

(Including names of any adults and children listed previously and who live in the household)

NAME	RELATION TO STUDENT	ADULT or CHILD	IS HE/SHE A WAGE EARNER?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number Who Live in the Household: _____ Adults _____ Children

Religion of Student: _____ Church or Parish: _____

Ethnic Background of Student (optional)

____ African American ____ Asian ____ White
____ Hispanic ____ Native American ____ Other: _____

Language Spoken in the Home: _____

Check, if appropriate:

____ Single Parent ____ Parents Together ____ Parents Separated/Divorced
____ Father Remarried ____ Mother Remarried ____ Mother Deceased
____ Father Deceased ____ Joint Custody

With whom does the student live? _____
(Name) (Relationship to Child)

How did you learn about Nativity Academy at St. Boniface? _____

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The sections on this page are required for application to be accepted!

STUDENT'S STATEMENT

(To be completed by the student and written in his/her handwriting.)

Why do you wish to attend Nativity Academy at St. Boniface?

Student's Signature: _____ Date: _____

PARENT OR GUARDIAN STATEMENT

Why do you wish your child to attend Nativity Academy at St. Boniface?

All of the information included in this application is accurate and true.

POLICY OF NON-DISCRIMINATION

Nativity Academy at St. Boniface admits students of any religion, race, color, nationality, and ethnic origin to all rights, privileges, programs, and activities generally accorded by or made available at the school.

Nativity Academy at St. Boniface does not discriminate on the basis of religion, race, color, nationality, or ethnic origin in the administration of its educational policies and its scholarship, athletic, and other school-administered programs

I understand that all children are accepted to Nativity Academy at St. Boniface on a six (6) week probation basis. I also understand that with my child's acceptance to Nativity Academy at St. Boniface, I am required to participate in the school program. By signing this statement, I agree to fully participate in school activities by attending all mandatory parent meetings, all teacher/parent conferences, and by giving three hours of volunteer service to the school each trimester.

Student's name: _____

Parent or Guardian's Signature(s): _____

Parent or Guardian's Signature(s): _____

Date: _____