



# AQUINAS ACADEMY

340 North Main Street † Greensburg, PA 15601

## APPLICATION FOR PRESCHOOL ADMISSION 2011-2012

Please return this Application Packet with a non-refundable fee of \$50.00.

Check or money order should be made payable to Aquinas Academy.

As Aquinas Academy is a private, non-public institution, the administration reserves the right to terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time. False information on this and any of the application documents may cause a forfeit of admission consideration or enrollment if discovered after the student is accepted for enrollment. The above statement and this application for admission are inclusive of all application documents.

Please Check One

- Three-Year Old Preschool Program—2 Half Days—Tue/Thu 8:30 – 11:00 AM \_\_\_\_\_ 12:30-2:40 PM \_\_\_\_\_
- Four-Year Old Preschool Program—3 Half Days—Mon/Wed/Fri 8:30 – 11:00 AM \_\_\_\_\_ 12:30-2:40 PM \_\_\_\_\_

**STUDENT DATA: Please Print**

Student's Last Name:		First:	Middle:
Address:			Male / Female (circle one)
City:	State:	Zip:	Phone:
Date of Birth:	Birth Certificate No:	Age as of 9/1/11:	
Birth City / State:	Public School District: (where you live)		
Religion:	If Catholic, parish where registered: Location of Parish:		
Ethnicity (check one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island			
School Last Attended / Date Last Attended:		Address of School Last Attended:	

**FAMILY DATA: Please Print**

**FATHER (First & Last)**

**MOTHER (First & Last)**

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:

Student resides with:  Both Parents  Mother only  Father only  Guardian

**CHECK ALL THOSE THAT APPLY**

- Parents Married
- Parents Separated
- Parents Divorced
- Father Remarried
- Father Deceased
- Parents not married
- Single Parent Family
- Mother Remarried
- Mother Deceased

**GUARDIANSHIP (if applicable)**

Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical/shared custody.

Student's legal guardian (if other than parent): \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

OTHER IMPORTANT NOTES CONCERNING YOUR CHILD: \_\_\_\_\_

TUITION STATEMENTS SHOULD BE SENT TO: \_\_\_\_\_ Mother \_\_\_\_\_ Father

Or Other: Name: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**SACRAMENTAL INFORMATION:**

<u>DATE</u>	<u>CHURCH</u>	<u>ADDRESS</u>
_____	_____	_____
Baptism	_____	_____
_____	_____	_____
Reconciliation	_____	_____
_____	_____	_____
Holy Eucharist	_____	_____

**BROTHERS / SISTERS IN ORDER OF BIRTH:**

<u>NAME (First &amp; Last)</u>	<u>DATE OF BIRTH</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please note any medical or dietary information necessary for management in an emergency situation, e.g. allergies, medication, special conditions:

**\*A copy of the child's immunization card must be presented with this application if the student is new to the school.**  
**Statement of Nondiscriminatory Acceptance Policy – Aquinas Academy will not discriminate on the basis of race, gender, or national origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance and learning needs, attendance, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic school within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Date Application Received: \_\_\_\_\_  
• \$50.00 Non-refundable new family application fee enclosed Date Paid \_\_\_\_\_  
Letter of Acceptance: \_\_\_\_\_ Information Packet sent: \_\_\_\_\_  
Records Requested: \_\_\_\_\_ Transportation Notified: \_\_\_\_\_