



January 2025

Dear Parents,

Thank you for your interest in Nativity Academy at St Boniface! This application packet is the first stage in the admission process for Nativity Academy. Please be sure you complete all of the enclosed materials. Application materials are due **February 15, 2025**. These materials include:

- ⇒ A four- page **Application for Admission**
- ⇒ An online **FACTS** Financial Aid Assessment Application with *all supporting documentation* and paid fee of \$30 (See flyer)
- ⇒ **Teacher Referral Forms (2), Administrator or Counselor Form (1).**

**YOU** need to hand this form to 2 current teachers & an Administrator or Counselor who will complete them and return them to Nativity Academy as soon as possible.

- ⇒ A **School Transcript** from your child's elementary school. We have included a request form that you may sign & submit to your elementary school office. **Transcripts must include attendance**
- ⇒ **Birth certificate** and **immunization** certificate
- ⇒ **Current physical** for entering 6<sup>th</sup> graders (**required by KY law**) or copy for 7<sup>th</sup> grade applicants.

*Remember, a completed application does not mean automatic admission to Nativity Academy. Please keep alternative options open for your child.*

**Once all materials are turned in, we will call you to schedule a parent/child interview.**

If you have any questions, please contact the Nativity Academy school office. Please remember that incomplete forms will not be accepted and your child will not be considered for summer session.

Thank You,

Roni Witherspoon,  
Principal  
Phone 502-855-3300

→ *Español atrás*

Estimados Padres,

¡Gracias por su interés en La Academia Natividad en San Bonifacio! Esta aplicación es el primer paso en el proceso de matricularse en La Academia Natividad. Favor de completar todos los materiales adjuntos. Los materiales obligatorios son:

- ⇒ 4 páginas de la **Aplicación por Admisión**
- ⇒ **Aplicación financiera FACTS** por internet con todos los documentos
- ⇒ **Pago de la aplicación financiera** por internet pagado a FACTS
- ⇒ **3 Cartas de Referencia de Maestros y, Carta de parte del Administrador o Consejero.** USTED tiene que dar las formas a los maestros actuales o del pasados de su hijo/a y al administrador o consejero que lo llenara y lo entregara a Nativity Academy en cuanto antes posible.
- ⇒ Copia de **Transcripción académica** de la escuela primaria de su hijo/a. La Academia Natividad pide una copia por fax. Si no recibimos una respuesta, le llamamos para que la pida de la escuela de su hijo/a.
- ⇒ Hacer una cita de **entrevista** con su mismo y su hijo/a
- ⇒ **Certificado del nacimiento** y certificado de las **vacunas**
- ⇒ **Examen físico** reciente para los estudiantes entrando en el 6°

*Un aviso, una aplicación completa no significa que su hijo/a puede entrar automáticamente en la Academia Natividad. Favor de guardar abiertas otras opciones escolares para su hijo/a.*

Si tiene una pregunta o duda, favor de llamar la Academia Natividad pidiendo una persona que hable español. Yo no trabajo todos los días en la escuela pero te hablo pronto. Acuérdese que no se aceptan formas incompletas y solamente los aplicantes con aplicaciones completas pueden asistir las clases del verano.

Gracias,

Roni Witherspoon,  
Principal  
502-855-3300

### **Fechas Importantes**

**Entregar las aplicaciones y todos los materiales antes del 15 de febrero de 2025**

**NATIVITY ACADEMY AT ST. BONIFACE**

529 East Liberty St.  
Louisville, KY 40202  
502-855-3300

**APPLICATION FOR ADMISSION 2025/2026**

Please type or print **all** information. Incomplete information will delay application.

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?

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN STATEMENT**

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

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***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: \_\_\_\_\_