



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. These materials include:

- ⇒ A four-page Application for Admission
- ⇒ An online **FACTS** Financial Aid Assessment Application with *all supporting* documentation.
- ⇒ Teacher Referral Forms (2), Administrator or Counselor Form (1).
 - <u>YOU</u> 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 6th graders (required by KY law) or copy for 7th 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. <u>Please remember that incomplete forms will not be accepted and your child will not be considered for summer session.</u>

Thank You,

Andrea Peavler, Principal

→Español atrás



Enero 2026

Estimados Padres,

¡Gracias por su interés en la Academia Natividad de San Bonifacio! Este paquete de aplicar es el primer paso del proceso de entrar en la escuela. Favor de hacer todos los materiales adjuntos. Los materiales incluyen:

- Un documento de cuatro páginas: la **Aplicación de Admisión**
- Una aplicación financiera en un sitio web FACTS, favor de incluir todos los documentos que piden
- Pagar el cargo de aplicación FACTS en línea
- 2 recomendaciones de maestros y 1 recomendación de administrador o consejero escolares actuales y/o pasados: es necesario entregar los 3 documentos específicos de recomendación a los maestros y administrador o consejero. Ellos los completarán y los devolverán a Nativity Academy.
- Transcripción escolar de la escuela primaria de su hijo/a. Incluido es la página de pedir la transcripción. Que lo firme y entregue en la oficina de su escuela primaria.
- Certificado de nacimiento y inmunización certificado
- Prueba de examen físico médico completado

Aviso que una aplicación completa no significa que uno entre automáticamente a Nativity Academy. Favor de mantener opciones alternativas para su hijo/a.

Si tiene alguna pregunta, comuníquese con la oficina de la escuela Nativity Academy. <u>No se</u> aceptan aplicaciones incompletas y su hijo no será considerado para entrar.

Gracias,

Andrea Peavler, Principal

NATIVITY ACADEMY AT ST. BONIFACE

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

APPLICATION FOR ADMISSION 2026/2027

Please type or print **all** information. Incomplete information will delay application. DAT<u>E:</u> 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

Continued to page 2

Has your child	ever been retained in a grade?	If so, which	grade?
Has your child	ever skipped a grade? If so, where	nich grade? _	
	ess or disability which may int extracurricular activities? If y nd explain:		
Yes	_ No		
Please list any r	nedication your child is taking	and the reason	on for taking it:
	esently enrolled in any type of gement, etc.) at the school she/l		
No Y	Yes		
	Yes		
Does your stude copy	ent have an IEP or 504 Plan Y	esor No	oIf yes please provide a
FAMILY INFORM	IATION: (Information in this sec	tion is requir	red)
	Mother/Guardian		Father/Guardian
Name:		_	
Occupation:		_	
Employer:		_	
Position:		_	
Home Phone:	Area Code)	_	(Area Code)
			(Thou coul)
work i none.	Area Code)	_	(Area Code)
Cell Phone/Page	er		
Email:		Email:	
Birth Country _			

BROTHERS and SIS NAMES	TERS: DATE OF BI	IRTH AG	E GRADE
	OREN LIVING IN STUDENT'S H		
(Including names of any	adults and children listed previousl	y and who live in the house	hold)
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	Native American Other:	
Language Spoken in the H	Iome:		
Check, if appropriate	te:		
Single Parent	Parents Together	Parents Separate	d/Divorced
Father Remarried	Mother Remarried	Mother Deceased	Ŀ
Father Deceased	Joint Custody		
With whom does th	e student live?		
	(Name) about Nativity Academy at St	•	onship to Child)

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	n this application is accurate and true.			
to all rights, privileges, programs, and activities Nativity Academy at St. Boniface does not disc	nts of any religion, race, color, nationality, and ethnic origin generally accorded by or made available at the school. riminate on the basis of religion, race, color, nationality, or onal policies and its scholarship, athletic, and other school-			
(6) week probation basis. I also underst Academy at St. Boniface, I am required this statement, I agree to fully participat	ed to Nativity Academy at St. Boniface on a six tand that with my child's acceptance to Nativity to participate in the school program. By signing the in school activities by attending all mandatory terences, and by giving three hours of volunteer			
Student's name:				
Parent or Guardian's Signature(s):				
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