

ST. ANDREW AVELLINO CATHOLIC ACADEMY – 35-50 158 STREET – FLUSHING, NY 11358

REGISTRATION FORM 2018-2019

Registration Fee – Nursery \$100 per child, PK \$100 per child, K & Up \$200 per child
(Non-Refundable)

Please Print (Student Information)

Grade Applying for _____

First Name _____ Last Name _____
Date of Birth _____

STUDENT'S HOME INFORMATION

Street Address _____ Apt. Number or Floor _____
City _____ State _____ Zip Code _____
Home Telephone () _____

What is the city, state, country where this student was born? _____
What is the primary language that is spoken in your home? _____

Does this student have an Individualized Education Plan (IEP) on file? Yes _____ No _____
Does this student have any allergies? Yes _____ No _____

If yes, please explain: _____
What was the date of this student's first polio vaccine? _____

Previous School Information:

Name: _____ Location: _____ Yrs. Attended _____

How many children in your family? _____

Is this the oldest child in your family enrolled in St. Andrew Avellino? Yes _____ No _____

List brothers and sisters in St. Andrew Avellino at this time.

NAMES

GRADES

_____	_____
_____	_____
_____	_____

What is the name and location of the Church where this student currently worships?

Religious Affiliation: Catholic _____ Non-Catholic _____
If St. Andrew Avellino, what is your envelope number? _____

SACRAMENT INFORMATION (IF APPLICABLE) – STUDENT

BAPTISM:

_____ *mm/dd/yy* _____ *Name of Church*

PENNANCE:

_____ *mm/dd/yy* _____ *Name of Church*

COMMUNION:

_____ *mm/dd/yy* _____ *Name of Church*

CONFIRMATION:

_____ *mm/dd/yy* _____ *Name of Church*

FAMILY MEMBER 1 (Primary caretaker of the student and resides with the student)

Title: _____ (Mr., Mrs., Ms., etc.)
First Name: _____ Last Name: _____
Maiden Name: _____ Relationship to Child _____
Work Phone: _____ Cell Phone: _____
E-MAIL ADDRESS: _____
Employer: _____ Occupation: _____

FAMILY MEMBER 2 (Resides at the same address as Family Member 1 and the student)

Title: _____ (Mr., Mrs., Ms., etc.)
First Name: _____ Last Name: _____
Maiden Name: _____ Relationship to Child _____
Work Phone: _____ Cell Phone: _____
E-MAIL ADDRESS: _____
Employer: _____ Occupation: _____

Person responsible for the Tuition Bill: _____
Are parents divorced? Yes ___ No ___ Separated? Yes ___ No ___ Remarried? Yes ___ No ___
Who has legal custody of applicant? _____

Notify in case of EMERGENCY (other than parent):

Name: _____ Telephone: _____
Address: _____
Relationship to Child: _____

I understand that this registration is conditional upon satisfaction of academic records and financial obligations

Signature of Parent/Guardian: _____ Date: _____