

All Saints Academy
Application for Registration Grades Pre-K-8

Present Grade _____ School Year _____

Child's Name

Last

First

Middle

Address

Street, Town, State, Zip Code

Home Telephone

Primary Cell Phone #

Place of Birth

Date of Birth

Place of Baptism

Date of Baptism

Place of First Communion

Date of First Communion

Parish/Church (registered)

Name and address

Father/Guardian

Address (if diff.)

Email

Employer

Position Held

Bus. Telephone

Cell #

Mother/Guardian

Maiden:

Address (if diff.)

Email

Employer

Position Held

Bus. Telephone

Cell #

Please check how you want correspondence addressed.

Mr. & Mrs. _____

Mrs. _____

Mr. _____

Ms. _____

Has the applicant ever received, or is now receiving, Special Education or Early Intervention Services?

Yes _____

No _____

Is the applicant in good physical health?

Yes

No

Please explain _____

Please complete opposite side as well

Primary language spoken at home? _____

School History

School Last Attended _____

Address _____

Street, Town, State, Zip Code

Telephone _____

Period of Attendance: _____

Principal _____

Reason for Leaving _____

Enrollment in Preschool: 5 Full Days 3 Full Days 2 Full Day
(Please circle choice)

Items needed prior to the start of school:

- Birth Certificate (Please attach a copy)
- Baptismal Certificate (if child is baptized)
- First Communion certificate for students entering Grade 3 through Grade 8 (if completed)
- Physical and Immunization Records current within the year
- A copy of all Academic Records (from sending school)

Mail to: All Saints Academy, 48 Negus Street, Webster, MA 01570

Parent/Guardian Signature: _____ **Date:** _____
Signature should be legal guardian who will receive mailings from school.

In keeping with the Catholic concept of education, All Saints Academy does not discriminate on the basis of race, color, religion or national origin.

Date Received (office use) _____