



## ADDITIONAL STUDENT INFORMATION

Please indicate the name(s) and grade(s) of any siblings applying to/or already attending St. Theresa of Avila School:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Has your child ever had a disability evaluation?  Yes  No \*If Yes, please provide a copy of results with your application.

Has your child ever been diagnosed with any learning disabilities?  Yes  No

\*If Yes, please explain: \_\_\_\_\_

**Sacraments for Grades 3 to 6 only: Has your child received the following sacraments?**

Penance: Yes  No  Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

First Holy Communion: Yes  No  Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

### APPLICATION FEE

To officially apply to St. Theresa of Avila School, please include a **\$100.00 non-refundable / non-transferable application fee per child**. Payment of this fee does not guarantee admission for your child. Checks payable to St. Theresa School.

### DOCUMENTATION

In order for the student's application to be completed, the following documents must be received:

- \_\_\_\_\_ A Non-Refundable \$100.00 application fee per student
- \_\_\_\_\_ Baptismal Record (if applicable)
- \_\_\_\_\_ Student's original Birth Certificate (or Passport, if born outside the U.S.)
- \_\_\_\_\_ Up to date Immunization Record, Current Physical Examination and St. Theresa School Health History
- \_\_\_\_\_ Copy of academic records, last report card, standardized tests or any discipline reports
- \_\_\_\_\_ **K0 only:** Potty Training Policy

### SIGNATURE

How did you hear about St. Theresa of Avila School?  social media  friends/family  another parent  newspaper ad  other

Active member of St. Theresa Parish: Name on envelope \_\_\_\_\_ Envelope # \_\_\_\_\_

Indicate school/day care where your child is now attending: School \_\_\_\_\_

I grant permission for St. Theresa of Avila School to speak with my child's previous school \_\_\_\_\_  
Signature

By signing below, I certify that the information above is true and accurate.

Name of Parent/Guardian (*please print*) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### For Office Use Only:

Application Fee: \$100.00

Paid \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received by \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Medical Forms \_\_\_\_\_ Nurse Initials \_\_\_\_\_

Application reviewed by \_\_\_\_\_ Child met by \_\_\_\_\_

*St. Theresa of Avila School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs..*