



ST. ALOYSIUS SCHOOL
APPLICATION FOR ENROLLMENT

(Application does not guarantee acceptance. You will be notified of admission status.)

Date of Application: _____ For School Year: _____ Grade Entering: _____

Briefly explain your reasons for seeking admission to St. Aloysius School:

How did you hear about St. Aloysius School:

SECTION A: STUDENT INFORMATION

Child's Name: (Last) _____ (First) _____ (Middle) _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone: _____ Religion*: _____ **(* If Catholic, please complete Section D)**

Date of Birth: ____/____/____ (Gender) ____ (City) _____ (State) _____ (Country) _____

Child's Current School**: _____ (Grade) _____ (City) _____ (State) _____

(If applicable, please complete Section E)**

Note: Please attach a photograph of the student and Copy of Birth Certificate

SECTION B: PARENT/GUARDIAN INFORMATION

PART I: Father Guardian (if guardian, relationship to child): _____

Name: (Last) _____ (First) _____ (Middle) _____

Home Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone: _____ Religion: _____

Email Address: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____ Work Phone: _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

PART II: Mother Guardian (if guardian, relationship to child): _____

Name: (Last) _____ (First) _____ (Middle) _____

Home Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone: _____ Religion: _____

Email Address: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____ Work Phone: _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

PART III: Confidential Information (Check appropriate boxes): Father Deceased Mother Deceased
 Parents Married Parents Separated/Divorced* Custody if not joint Mother Father

SECTION C: SIBLING INFORMATION

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

SECTION D: RELIGIOUS RECORD

Part I: Family's registered parish: _____ Town of parish: _____

Part II: Family's current parish affiliation: _____

Part III: Sacramental Record from: (please provide name and address of church)

Baptism: _____ (city) _____ (state) _____ (country) _____ Date ___ / ___ / ___

First Communion: _____ (city) _____ (state) _____ (country) _____ Date ___ / ___ / ___

Confirmation: _____ (city) _____ (state) _____ (country) _____ Date ___ / ___ / ___

Note: Please attach a Copy of Baptismal Certificate with this application.

SECTION E: SCHOOL RECORD

Part I: Previous School (most recent)

Name: _____ Dates Attended: (From) _____ (To) _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Reason for leaving: _____

Part II: Have you ever been asked to attend a PPT meeting? Yes No
Does your child have a 504 accommodation? Yes No

Note: Please attach Health Assessment/Proof of Immunization

Please enclose a non-refundable \$100 Registration Fee payable to St. Aloysius School

Signature of person(s) making application: _____ Date: _____

_____ Date: _____
St. Aloysius School, 33 South Avenue, New Canaan, CT 06840 Phone: (203) 966-0786 Fax: (203) 972-6960