



SAINT PAUL SCHOOL

114 East 118th Street, New York, NY 10035

Student Application



Date of Application _____

Grade Applying For _____

Birth Cert # _____

Child's Information

Name _____
Last First Middle

Date of Birth _____ Place of Birth _____

Address _____ City _____ State _____ Apt# _____ Zip _____

Phone _____ Cell# _____ Primary language spoken at home _____

Gender _____ Religion _____ Parish _____

Sacrament	Date	Church	Location
Baptism (certificate req.)			
Reconciliation			
First Holy Communion			
Confirmation			

Child resides with _____ Relationship _____

Mother's Information

Please Circle: Single Married Separated Divorced Deceased

Name _____
Last First Maiden

Address _____ City _____ State _____ Apt# _____ Zip _____

Birthplace _____ Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____

Father's Information

Please Circle: Single Married Separated Divorced Deceased

Name _____
Last First

Address _____ City _____ State _____ Apt# _____ Zip _____

Birthplace _____ Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____

Custody of Child (if applicable)

Custodial Parent _____
Relationship _____

Documentation _____

Date provided _____

Guardianship of Child (if applicable)

Guardian _____
Name _____

Relationship _____

Documentation _____

Date provided _____

Child's Education

Previous schools attended			
Name	Address	Grades	Dates

Child has been evaluated by the district Committee on Special Education . ___ YES ___ NO

Child has been evaluated by a private psychological or educational agency. ___ YES ___ NO

If answer to either or both statements above is YES, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other _____			

If child has been seen by the public district Committee on Special Education , applicant must complete the following:

District Name and #	Date of most recent IEP	Date of last Psychological Evaluation	Classification and Recommended Placement

Child has a Section 504 Accommodation Plan. ___ YES ___ NO Copy submitted _____

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Signature of Parent or Guardian: _____ Date: _____