



**ST. BARTHOLOMEW CATHOLIC ACADEMY**

44-15 Judge Street, Elmhurst, New York, 11373

Tel. No. 718 446-7575 ~ Fax: (718) 446-7743



**Student Application 2017-2018**

**For Grade \_\_\_\_\_**

**Student Information**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **O Female** **O Male**

**Home Address (include Apt #, City, Zip Code)** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Country/State of Birth** \_\_\_\_\_

**Current School/Grade** \_\_\_\_\_ **Does child have a current IEP?** \_\_\_\_\_

**Does child receive any special services?** \_\_\_\_\_ **If yes, explain** \_\_\_\_\_

**Is child on medication?** \_\_\_\_\_ **If yes, for what reason?** \_\_\_\_\_

**Religion** \_\_\_\_\_ **If Catholic, has child received sacraments of:**  
**Baptism** \_\_\_\_\_ **Penance** \_\_\_\_\_ **First Holy Communion** \_\_\_\_\_

**Family Information**

**Catholic (St. Bartholomew)** \_\_\_\_\_ **Other Parish** \_\_\_\_\_  
**Non Catholic** \_\_\_\_\_ (Name)

**Primary Language spoken at home** \_\_\_\_\_

**Father:**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Birthplace** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Mother:**

**Last Name/ Maiden Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Birthplace** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Check one:**

**Are Child's Parents** **Married** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Not Married** \_\_\_\_\_

**Who does child live with?** **Both Parents** \_\_\_\_\_ **Mother Only** \_\_\_\_\_ **Father Only** \_\_\_\_\_ **Other** \_\_\_\_\_

**If a Guardian has legal custody, please give name and relationship to child:**  
\_\_\_\_\_

**The registration fee is non-refundable unless your child is not accepted as a student.**

**If there are any documents missing, your child's application will not be processed until they are received. Please feel free to call us with any questions.**

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

