



For office use only: <input type="radio"/> Padre Pio <input type="radio"/> Mother Teresa
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St. Agatha Catholic School
 1125 SW 107th Avenue
 Phone: 305-222-8751 Fax: 305-222-1517
www.stagathaonline.org

Application for Admission – Special Education

Date: _____

Applicant's First Name _____ Middle Name _____ Last Name _____

Sex: M ___ F ___ Age _____ Date of Birth _____ Place of Birth _____
Month / Day / Year

Application for Grade _____ Term Beginning _____ Present Grade _____

Applicant's Home Address _____
Apt. # City Zip

Has the applicant received the following Sacraments? Baptism _____ Date _____ 1st Communion _____ Date _____

To what Parish do applicant's parents / guardians belong? _____ * Envelope # _____

If St. Agatha Parish, how long? _____ * Envelope # _____

MOTHER'S NAME: _____ Home Phone: _____
First Middle (Maiden) Last

Place of Employment: _____ Work Phone: _____

Mother's Home Address _____
(if different from student) Street Apt City State Zip

Mother's E-MAIL: _____ **Father's E-MAIL:** _____
(Necessary to communicate school events)

Father's Name _____ Home Phone: _____

Father's Home Address _____
(if different from student) Street Apt City State Zip

Cell Phone: _____ Cell Phone: _____
Mother Father

Place of Employment: _____ Work Phone: _____

Status of Natural Parents: Married _____ Divorced _____ Separated _____ Single _____ Widowed _____

If divorced, which parent has custody of student? Mother _____ Father _____ Both _____
(Custody documents must be provided with this application).

Brothers: _____ Sisters _____
Name Age Name Age

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Name Age Name Age

Please give name (s) and address (es) of school (s) that applicant has attended within the past five years and length of time:

Name and address of School	Years Attended	Grade

(Please complete back)

Has student applied to St. Agatha previously? _____ Year _____

Has applicant ever been dismissed from any school? Please explain.

Which language is spoken at home? _____ Spoken by applicant? _____

What special abilities does your child have? (i.e athletic, artistic, musical, academic)

Has your child completed an assessment/evaluation and/or therapy for the reasons stated below?

Yes _____ No _____ Please mark all that apply.

learning difficulty _____ behavioral _____ psychological _____ psychiatric _____ speech & language _____

If yes, please supply copy of documentation. When: _____

FOR STUDENT RECEIVING SCHOLARSHIP:

Name of parent that registered for scholarship: _____

Parent Social Security: _____ Student Social Security: _____

I HEREBY SUBMIT MY CHILD’S APPLICATION FOR ADMISSION TO ST. AGATHA CATHOLIC SCHOOL. I UNDERSTAND THAT ANY UNTRUTHFUL RESPONSES WILL AUTOMATICALLY RENDER THIS APPLICATION NULL AND VOID.

Signature of Parent or Guardian

Date

The following documents must be submitted with the application along with a \$40.00 fee:

- Copy of Psycho-Educational evaluation by a licensed psychologist (performed during the past 3 years or less).
- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Copy of First Communion Certificate (if applicable)
- Standardized Test Scores (FCAT or similar)
- Latest Report Card
- Copy of Report Card showing promotion to the next grade level
- Health Forms
- Immigration paperwork (if applicable – passport and entry permit)
- Custody documents
- McKay scholarship award letter (if applicable)
- Step up or FES scholarship award letter (if applicable)

How did you learn about our school?

___ **Friend:** If your friend presently has a child attending our school, what is the child’s name?

___ **My child attends St. Agatha’s CCD Program.**

___ **Parish Announcement**

___ **Other:** _____