

Dear Parents,

Attached you will find the application for enrollment at St. Aloysius Catholic School for grades one through eighth. Please return the completed form, copies of necessary documents, as well as the appropriate fee to the school office. If you have multiple students in the family, please note that Kindergarten is a separate application.

We will always strive to meet your student's needs but it is best to discuss these needs before actual enrollment. Any emotional/behavioral/academic assessments must be disclosed with your application, prior to enrollment acceptance. We encourage families to schedule a shadow day when your son or daughter can come and meet new friends, walk through a typical class schedule and get to know our program better. These are arranged on an individual basis by calling the office.

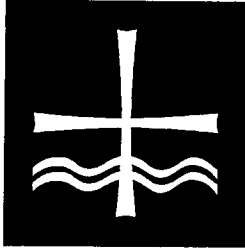
Once the completed application and necessary forms have been received, we will contact your former school to obtain records and recommendations. Once everything has been reviewed, we will be in contact with you. We appreciate your interest in St. Aloysius Catholic School. Please let us know if you have any questions or concerns.

Sincerely,

Paula Smith  
Principal

**CHECKLIST:**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Copy of state birth certificate (not the hospital copy)
- \_\_\_\_\_ Copy of baptismal certificate
- \_\_\_\_\_ Current immunization/physical/eye exam
- \_\_\_\_\_ Letters of recommendation (forms online, one math and one language)
- \_\_\_\_\_ Child's social security number must be on application
- \_\_\_\_\_ Copies of prior assessments included if applicable  
(includes first steps, speech, developmental delays, occupational therapies, etc.)
- \_\_\_\_\_ \$150.00 registration fee per child (one check along with fees for siblings is fine)
  
- \_\_\_\_\_ Schedule a shadow date



**ARCHDIOCESE OF LOUISVILLE**  
**CATHOLIC ELEMENTARY SCHOOLS**  
**STUDENT APPLICATION FORM—ST. ALOYSIUS SCHOOL**  
**Current Family Data**

	PARENT/GUARDIAN	PARENT/GUARDIAN
Name		
Relationship (Mother, Father, Step-parent, Guardian, Grandparent, Deceased)		
Marital Status (Married, Single, Widowed, Divorced/Remarried, Separated)		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
E-mail Address		
Religion		
Employer		
Occupation		

Direct Correspondence to:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Publish in School Directory? Yes No

Primary language spoken at home: \_\_\_\_\_

Names and dates of birth of ALL children in family (list pre-school children first):

Boys: \_\_\_\_\_

Girls \_\_\_\_\_

Custody (if applicable): Single (Y/N) \_\_\_\_\_ Name: \_\_\_\_\_

Joint (Y/N) \_\_\_\_\_ Names: \_\_\_\_\_

Physician to be contacted in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student (Applicant) Name: \_\_\_\_\_ Gender: M F

Name student goes by: \_\_\_\_\_

Maternal Grandparent Contact Information: Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Paternal Grandparent Contact Information: Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you registered, active parishioners at St. Aloysius? Yes No

How long have you been members? \_\_\_\_\_

If not members, what parish/church do you attend? \_\_\_\_\_

Do you have children that have graduated from St. Aloysius? Yes No

Names: \_\_\_\_\_

What parish activities (either here or at other parishes) have you participated in recently?  
If activities are at other parishes, please indicate that in the "other information" area.

Parent Name	Committee or Group	Specific Activity	Dates
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Does your child have any severe allergies or medical issues we need to be aware of to ensure a safe learning environment?                      Yes              No

Did/Does your child have any learning challenges that we need to be aware of in order to provide the best educational experience possible? (Includes First Steps)    Yes    No

If you indicated an issue above, please explain:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you and the physician of your choice, as indicated on this application, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes     No              Signature of parent or guardian:

\_\_\_\_\_

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes     No              Signature of parent or guardian:

\_\_\_\_\_

Why do you want to send your child to St. Aloysius Catholic School?

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FOR OFFICE USE ONLY

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Pre-registration Fee Paid \_\_\_\_\_

Received by \_\_\_\_\_

Records Requested \_\_\_\_\_

Baptismal Certificate Verified (Y/N) \_\_\_\_\_

Immunization Certificate (Original) (Y/N) \_\_\_\_\_

Physical Exam Certificate (Y/N) \_\_\_\_\_

Registered in Parish (Y/N) \_\_\_\_\_

Birth Certificate Verified (Y/N) \_\_\_\_\_

Accepted / Not Accepted \_\_\_\_\_

Conditions of Acceptance \_\_\_\_\_ Notified \_\_\_\_\_

# INDIVIDUAL STUDENT INFORMATION (ONE SHEET PER CHILD)

Name: \_\_\_\_\_  
First
Middle
Last
Nickname

Child's Social Security: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_

Birth City/State/Country: \_\_\_\_\_

Proposed Grade Placement: \_\_\_\_\_ Oldest (Y/N) \_\_\_\_\_

First Language Child Learned to Speak: \_\_\_\_\_

Language Child Speaks Most Often: \_\_\_\_\_

**After school, child goes to:**

Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Religious Records:**

Religion: \_\_\_\_\_

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptism				
First Eucharist				
First Reconciliation				
Confirmation				

**Health/Emergency Information:**

First Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Health/Physical Limitations:

\_\_\_\_\_

Medicine(s):

\_\_\_\_\_

## Previous School Record Release Form

Date: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

And

Present Grade: \_\_\_\_\_

Current school attending: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax Number: \_\_\_\_\_

Email address of school office: \_\_\_\_\_

The above named student(s) applied for admission to St. Aloysius Catholic School. Please send a complete transcript and/or cumulative record, which include the following information:

1. Grades up to the time of withdrawal. Please include an explanation of the grading and/or credit system.
2. Attendance records.
3. Test scores with name and dates given.
4. Health and Immunization records.
5. Any reports or testing results from psycho-educational testing including strategy plans, 504 plans, developmental delays, speech or occupational therapy plans.

We appreciate your promptness. Thank you.

**Please send records to:**

Paula Smith, Principal  
St. Aloysius Catholic School  
122 Mount Mercy Drive  
Pewee Valley, KY 40056

Email: [frontoffice@staloyuspwv.org](mailto:frontoffice@staloyuspwv.org)

Fax Number: 502-243-2241

Parental permission for release of records is not required when requested by authorized school personnel. (Family Educational and Privacy Act ----P.L. 93-380)