

# SAINT MARY STAR OF THE SEA SCHOOL 14 N. Willard Avenue Hampton, Virginia 23663 757 723-6358

### **APPLICATION FOR 2017-2018**

Dear Parents,

Thank you for considering Saint Mary Star of the Sea School for your child. The families of children presently attending Saint Mary's School have the opportunity to register from January 18-27, 2017. Once this is completed and the number of spaces available is determined, students who have applied for the 2017-2018 school year and are on the waiting list will be offered available spaces.

#### APPLICATION PROCESS

To apply for 2017-2018

|    | Recent Academic Documentation (Report card and standardized test scores) (No application will be reviewed without recent academic documentation listed above – grades 1-8)  Birth certificate (must be presented at the time of registration)  |
|----|--|
|    | (Required by VA House Bill 946)  VA School Entrance Health Form before entering school in August.  (Form can be picked up at the school office)  Baptismal certificate for Pre-K, K, 1 <sup>st</sup> , and 2 <sup>nd</sup> . (Catholic children only)  |
| 2. | A visit to one of the classrooms for evaluation may be requested.  |
| 3. | Consideration for acceptance includes: <ul> <li>a. Space available in each class after current families have registered.</li> <li>b. Families who have children presently enrolled will have priority to register siblings.</li> <li>c. Academic records and social records review.</li> </ul> |
|    | Following in-school registration families on the waiting list will be contacted if there is an opening. At that time the registration fee is due in order to secure admission. <b>The</b> registration fee is non-refundable.  |

(Saint Mary Star of the Sea School does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in its educational program, activities, or employment practices.)



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| Date entering | Grade entering |
|---------------|----------------|
|---------------|----------------|

### Student Application to Register School Year 2017-2018

|  |                                  | New Regi             | stration    |         |            |
|--|----------------------------------|----------------------|-------------|---------|------------|
| Child's name_                                    |                                  |                      |             |         | Age        |
| Race(  | (Last)<br><b>Gender</b>          | (First)              | (Full midd  | lle)    |            |
| Child's addres                                   | ss                               |                      |             |         |            |
|  | (Street address)                 |                      | (City)      | (State) | (Zip code) |
| Place of birth                                   |                                  |                      | Date of b   | oirth   |            |
| _  | (City)                           | (State)              |             |         |            |
| Father's name                                    | <b>.</b>                         |                      |             |         |            |
| Occupat  | (Last)<br>i <b>on/Rank</b>       | (First)              | ,           |         |            |
| _  |                                  |                      |             |         |            |
| ather's addre                                    | (If different from o             |                      |             | Home p  | hone       |
|  | (ii dinerent nom (               | Jiiia,               |             |         |            |
| Mother's name                                    | e                                |                      |             |         | -          |
| Occupat  | (Last)<br>i <b>on/Rank</b>       | (First)              | ` ,         |         |            |
| Occupat  | ion, Kank                        |                      |             |         |            |
| Mother's addr                                    | ess                              |                      |             | Home p  | hone       |
|  | (If different from o             | child)               |             |         |            |
| Pathania malinia                                 | n                                | Name of ch           | urch attend | ding    |            |
| 'ather's religio                                 |                                  |                      |             |         |            |
|  | on                               | _Name of ch          | urch attend | ling    |            |
|  |                                  | _Name of ch          | urch attend | ling    |            |
| Mother's religio                                 |                                  |                      |             | ling    |            |
| Mother's religion                                | on<br><b>PLIC ONLY</b> (informat |                      |             | _       |            |
| Mother's religio                                 | on<br><b>PLIC ONLY</b> (informat |                      | to child)   | _       | Date       |
| Mother's religion                                | ON (informat                     | ion pertains<br>City | to child)   | ate)    |            |
| Mother's religion  ROMAN CATHO  Baptism  Penance | on                               | ion pertains         | to child)   | ate)    | Date       |

| EMERGENCY PROCEDURE  |   |        |  |  |
|--|---|--------|--|--|
| Father's employer/address<br>E-mail address:   | Cell phoneWork phoneCell phone                  |        |  |  |
| Mother's employer/address<br>E-mail address:   |   |        |  |  |
| Emergency contact (other than parents) – mus Name Relation   |   |        |  |  |
| Does your child have any medical conditions/<br>Please describe  |   |        |  |  |
| Does your child take any medication? Please list   |   |        |  |  |
| (Name of medication)   | (Condition)                                     |        |  |  |
| If child does not live with biological parents, pleas<br>the appropriate paperwork:  | se complete the section below and               | submit |  |  |
| Guardian's name  |   |        |  |  |
| Relationship   | Home phone                                      |        |  |  |
| Address Work address   |   |        |  |  |
|  |   |        |  |  |
| School last attended   |   |        |  |  |
| Has the applicant previously been a student at Sa  | aint Mary's?                                    |        |  |  |
| I heard of Saint Mary's from   |   |        |  |  |
| Please check below if your child has ever been reconstructed Beducational Testing Academic Psychological Evaluation Gifted Proposition Grade Results of the Beducation Grade Results of the Be | c/Classroom Accommodations<br>ogram<br>etention | eding: |  |  |
| All students are accepted on a three-month proba   | ation.  |        |  |  |
| Parent/Guardian signature  | Date  |        |  |  |
| Affidavit of Prior Scho  | ool Expulsion                                   |        |  |  |

As of July 1, 1993 Section 22.1-32 of the Code of Virginia requires upon registration, a sworn statement of affirmation indicating whether the student has been expelled from school attendance at a private or public school for an offense relating to weapons, alcohol, or drugs, or the willful infliction of injury to another person.

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