



## ST. BARTHOLOMEW CATHOLIC ACADEMY

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

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

### Student Application 2020-2021

Please complete all

Grade you are registering the child for: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Child's Religion: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Country/ State of Childs Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Catholic: \_\_\_\_\_ Non- Catholic: \_\_\_\_\_

Baptism: \_\_\_\_\_ Penance: \_\_\_\_\_ First Holy Communion: \_\_\_\_\_

Does your child have a current IEP? \_\_\_\_\_ or Does he/she receive any special services? \_\_\_\_\_ If yes, explain \_\_\_\_\_

---

Child is living with (please provide the name(s) of the parent/guardian with whom the child is living)

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

**The relationship of the person with the student:**

\_\_\_\_ Parent \_\_\_\_ Guardian If Guardian, Specify: \_\_\_\_ Aunt/ Uncle \_\_\_\_ Grandparent \_\_\_\_ Friend

---

**The child you are registering now has he/she ever attended any catholic academy previously?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please tell us from \_\_\_\_\_ to \_\_\_\_\_

If yes, please provide the name of the school: \_\_\_\_\_

Address of the previous school: \_\_\_\_\_ City/ State/ Zip code: \_\_\_\_\_

---

**Church Information**

Name of the church: \_\_\_\_\_

Are you registered in this church? Yes \_\_\_\_ No \_\_\_\_ Church Envelope # \_\_\_\_\_



## ST. BARTHOLOMEW CATHOLIC ACADEMY

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

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

### Childs health history

Does your child have any unusual health conditions? yes \_\_\_\_ No \_\_\_\_

If yes, please indicate the condition for example: asthma, allergies, diabetes, etc.

Does your child take any medication regularly? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the name of the medication: \_\_\_\_\_

---

### Parent's Information

Fathers Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Religion: \_\_\_\_\_

Fathers Address: \_\_\_\_\_ Home # ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cell phone # ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Work Address: \_\_\_\_\_ City/ State/ Zip code: \_\_\_\_\_

Language: \_\_\_\_\_ Email Address: \_\_\_\_\_

---

Mothers name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Religion: \_\_\_\_\_

Mothers Address: \_\_\_\_\_ Home # ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cell phone # ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Work Address: \_\_\_\_\_ City/ State/ Zip code: \_\_\_\_\_

Language: \_\_\_\_\_ Email Address: \_\_\_\_\_

---

### Emergency Contact

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Person responsible for tuition payments: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Who referred you to SBCA? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_