

# Transfiguration School

New York, New York

Student Registration

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Date of Application \_\_\_\_\_

Grade Applying For \_\_\_\_\_

Birth Certificate # \_\_\_\_\_

SS# \_\_\_\_\_

## Child's Information

Name \_\_\_\_\_

Last

First

Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell# \_\_\_\_\_ Primary language spoken at home \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Parish & Address \_\_\_\_\_

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

## Mother's Information

*Please circle*

Single

Married

Separated

Divorced

Deceased

Name \_\_\_\_\_

Last

First

Maiden

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Business Address \_\_\_\_\_

E-mail \_\_\_\_\_ Cell# \_\_\_\_\_ Work Phone \_\_\_\_\_

## Father's Information

*Please circle*

Single

Married

Separated

Divorced

Deceased

Name \_\_\_\_\_

Last

First

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Business Address \_\_\_\_\_

E-mail \_\_\_\_\_ Cell# \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*\*Please turn over and complete page 2\*\***

**Names of other children who attend Transfiguration School:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Custody of Child (if applicable)**  
 Custodial Parent \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Documentation \_\_\_\_\_  
 Date provided \_\_\_\_\_

**Guardianship of Child (if applicable)**  
 Guardian \_\_\_\_\_  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Documentation \_\_\_\_\_  
 Date provided \_\_\_\_\_

**Child's Education**

Previous schools attended

Name	Address	Grades	Date

Child has been evaluated by the district *Committee on Special Education*. \_\_\_\_\_ Yes \_\_\_\_\_ No

Child has been evaluated by a private psychological or educational agency. \_\_\_\_\_ Yes \_\_\_\_\_ No

If answer to either or both statements above is YES, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other _____			

If child has been seen by the public district *Committee on Special Education*, applicant must complete the following:

1. Was an IEP ever generated? \_\_\_\_\_ Yes \_\_\_\_\_ No Copy Submitted \_\_\_\_\_  
Date \_\_\_\_\_
2. Child has a Section 504 Accommodation Plan. \_\_\_\_\_ Yes \_\_\_\_\_ No Copy Submitted \_\_\_\_\_  
Date \_\_\_\_\_

District Name and #	Date of most recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/ student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Initials \_\_\_\_\_

Signature of Parent or Guardian _____	Date _____
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