

Date of Application _____ **Grade Applying For** _____ **Academic Year Interested** _____
Birth Certificate # _____
How did you hear about our school? Internet Search | Family/Friend | Social Media | Other: _____
My child is:
 New to Transfiguration School Our family is a member of Transfiguration Church
 Has sibling(s) currently attending Sibling(s) attended Transfiguration School but no longer attends (graduate, withdrew)

CHILD'S INFORMATION

Name: _____ Gender: M / F
Last First Middle DOB (MM/DD/YYYY)

 Address _____ City _____ State _____ Zip _____
 Language(s) spoken at home: _____ Child resides with _____ Relationship _____
 Religion _____ Parish _____

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

PARENT #1 INFORMATION

Please circle: Single | Married | Separated | Divorced | Deceased

Name: _____ Relationship _____
Last First Middle
 Address _____ Gender: M F
 City _____ State _____ Zip _____ Place of Birth: _____
 Religion _____ Occupation _____ E-mail _____
 Business Address _____ Mobile Phone _____ Work Phone _____
 Alumni of Transfiguration School? (Yes/No) _____ Class of _____

PARENT #2 INFORMATION

Please circle: Single | Married | Separated | Divorced | Deceased

Name: _____ Relationship _____
Last First Middle
 Address _____ Gender: M F
 City _____ State _____ Zip _____ Place of Birth: _____
 Religion _____ Occupation _____ E-mail _____
 Business Address _____ Mobile Phone _____ Work Phone _____
 Alumni of Transfiguration School? (Yes/No) _____ Class of _____

Names of other child(ren) who attend(ed) Transfiguration School:

Name: _____ Grade: _____

CUSTODY OF CHILD (if applicable) Custodial Parent _____ Relationship _____ Documentation _____ Date provided _____	GUARDIANSHIP OF CHILD (if applicable) Guardian Name _____ Relationship _____ Documentation _____ Date provided _____
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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 your 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 the 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, incomplete, 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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Office Notes:

