

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 Check: 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) | GUARDIANSHIP OF CHILD (if applicable) |
| Custodial Parent _____ | Guardian Name _____ |
| Relationship _____ | Relationship _____ |
| Documentation _____ | Documentation _____ |
| Date provided _____ | 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 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 _____ |
|--|-------------------|

Office Notes:

