



**ST. FRANCIS OF ASSISI CATHOLIC ACADEMY**

400 Lincoln Road  
 Brooklyn, NY 11225  
 Telephone: 718-778-3700 Fax: 718-778-7877  
 www.sfabrooklyn.org  
 School Year 2018-2019  
Application for Enrollment

| For Office Use             |                    |
|----------------------------|--------------------|
| Date Applied               | _____              |
| Registration Fee           | _____              |
| <b>Required Documents:</b> |                    |
| Birth Cert.                | _____              |
| SSC:                       | _____              |
| Medical                    | _____              |
| Immunizations              | _____              |
| Physical Form              | _____              |
| Baptismal Certificate      | _____              |
| Report Cards provided      | _____              |
| Final Report card          | _____              |
| 2 Proof of Address         | _____              |
| Accepted                   | _____              |
| Waiting List               | _____              |
| Start Date                 | _____              |
| OPT C                      | _____ NYPSIS _____ |
| Principal's Comments       | _____              |
| _____                      | _____              |
| _____                      | _____              |

**Section I**

Applying for Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Child's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Home Telephone # \_\_\_\_\_  
 Legal Address: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Is the child a U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Child's Religion: \_\_\_\_\_ Parish / Church Affiliation: \_\_\_\_\_

**Section II**

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Legal Address: \_\_\_\_\_  
 Tel.#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Occupation: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_

**Father's Legal Name:** \_\_\_\_\_

Legal Address: \_\_\_\_\_  
 Home Tel.#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Occupation: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_

**Section III**

Who is the legal custodian of the child? \_\_\_\_\_  
If applicable, a copy of the Court Custody Papers must be on file in the school.  
 With whom does the child live? \_\_\_\_\_ Are there siblings? Yes \_\_\_ No \_\_\_  
 If the child lives with a guardian, what is the relationship to the child? \_\_\_\_\_  
 The child's parents are presently: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced.

Names of Siblings who live at home with this child:

| Name | Relationship | DOB |
|------|--------------|-----|
|      |              |     |
|      |              |     |
|      |              |     |

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade applying for: \_\_\_\_\_

**Section IV**

Does the child have an I.E.P.? \_\_\_\_\_ Yes \_\_\_\_\_ No. When was the last re-evaluation? \_\_\_\_\_

If yes, what services does he/she receive? \_\_\_\_\_

Has your child ever been retained: (Circle) yes no If yes, what grade?

Has your child ever been in a special education program or a resource room? yes or no

Were there any difficulties in previous schools? (Circle) yes or no

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child taking medication on a regular basis? (Circle) yes no

If yes, name of the medication \_\_\_\_\_

Does your child have a vision or hearing problem yes no

Any hospital stays? (Illness or serious accident) yes no

Does your child wear glasses? yes no

Are there any health problems that we should be aware of? \_\_\_\_\_

**Section V**

*PREVIOUS SCHOOLS ATTENDED:*

School: \_\_\_\_\_ Address \_\_\_\_\_ Grade: \_\_\_\_\_ How many years? \_\_\_\_\_

School: \_\_\_\_\_ Address \_\_\_\_\_ Grade: \_\_\_\_\_ How many years? \_\_\_\_\_

School: \_\_\_\_\_ Address \_\_\_\_\_ Grade: \_\_\_\_\_ How many years? \_\_\_\_\_

In the spaces below, please write your reasons for applying to St. Francis of Assisi Catholic Academy \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Saint Francis of Assisi Catholic Academy?

\_\_\_\_\_

Who referred you to SFACA? If one of our families referred you, please write their name. \_\_\_\_\_

Principal's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Acceptance \_\_\_\_\_