



ALL SAINTS

CATHOLIC ACADEMY

Faith · Academics · Community

423 Ferry St. New Haven, CT 06513
ph: 203-777-5352 fax: 203-865-1271
admissions@asca.eduk12.net
www.AllSaintsNewHaven.org

APPLICATION FORM

Today's Date: _____ Applying for: This year Next year Grade applying for: _____

First Name: _____ Middle: _____ Last: _____

Preferred first name: _____ Sex: Male Female Date of Birth: _____/_____/_____

Student's primary address: _____
Street City State Zip

Ethnicity Hispanic/Latino? Yes No Place of birth (city, state, country): _____

Race (please check all that apply): American Indian Asian Black/African American Pacific Islander White
 Multi-racial Unknown

Primary language spoken at home: English Spanish Other: _____

Is there a court order pertaining to custody of the child? Yes No
If yes, documentation must be submitted to the school office.

Child's Religion:

- Catholic
- Christian: _____
- Other: _____
- None

If the child is Catholic and has completed any Sacraments, please provide the following:

	Church	Date	City, state
Baptism			
First Communion			
First Reconciliation			

Church or parish your family attends (if applicable): _____ Town: _____

Academic Information - Please list ALL schools the applicant has previously attended:

School: _____ City: _____ Grades: _____

School: _____ City: _____ Grades: _____

School: _____ City: _____ Grades: _____

For Pre-K and Kindergarten:

1. Is your child potty-trained?
 Yes No
**Your child must be fully potty-trained before beginning Pre-K.*
2. Has the child received any Birth to 3 services?
 Yes No
Describe:

For Grades 1-8:

Has the student....

1. Ever repeated a grade? Yes No – If yes, which grade? _____
2. Ever been expelled or refused admission or readmission by any school? Yes No
3. Ever had an educational evaluation? Yes No
Describe:
4. Ever received any special services at school (through an IEP, 504, or other)?
 Yes No If yes, check all that apply: Learning resource Reading or math
 Speech therapy Social worker/guidance counselor

How did you hear about All Saints Catholic Academy?

Church/parish
 Current family
 Google/website
 Social media
 Other

If you know a current family, please list their names here:

CHILD #2 (or leave this box blank)

Grade applying for: _____

First Name: _____ Middle: _____ Last: _____

Preferred first name: _____ Sex: Male Female Date of Birth: _____ / _____ / _____

Ethnicity Hispanic/Latino? Yes No Place of birth (city, state, country): _____

Race (please check all that apply): American Indian Asian Black/African American Pacific Islander White
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 Christian: _____
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4. Ever received any special services at school (through an IEP, 504, or other)?

Yes No *If yes, check all that apply:* Learning resource Reading or math

Speech therapy Social worker/guidance counselor

Family Information

- A) This page will collect information about the **primary** household/address where the child lives.
- If the child lives between two different households/addresses, please use the next page to list the parent/guardian at the second household.
- B) For a single-parent household, complete only the left side and leave the right side blank.

Examples:

- **Child lives with mother >>** Enter mother on this page and leave the right side blank.
- **Child lives primarily with father but also spends times at mom and stepfather's house >>** Enter father on this page, and mother and stepfather on the next page.
- **Child lives between mother's house and grandparent's house >>** Enter mother on this page, and grandmother and grandfather on the next page.

HOUSEHOLD #1

Address:			
Street	City	State	Zip

	Parent/Guardian # 1	Parent/Guardian #2 (if applicable)
LAST NAME		
FIRST NAME		
RELATIONSHIP TO APPLICANT		
MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Widowed
EMAIL ADDRESS		
WORK PHONE		
CELL PHONE		
OCCUPATION		
EMPLOYER		
RELIGION	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> None <input type="checkbox"/> Other: _____	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> None <input type="checkbox"/> Other: _____
CUSTODIAL PARENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings and other children

Please list other children in the household – include siblings, half-siblings or other relatives that live with the student:

Name	Age	School attending & grade level

