

Holy Name of Mary School

90 South Grove Street, Valley Stream, New York 11580 **Phone**: 516-825-4009, **Fax**: 516-825-2710, **Web**: <u>www.hnomschool.org</u>

Student Application: School Year _____

| STUDENT NAME | | | | ENT | ERING GR | ADE |
|--|--------|-------------|---------------------------------|---------|------------------------|----------|
| | | Office U | se Only: | | | |
| Completed Application Original Birth Certificate | | | | | | |
| Original Baptismal Certificate Request for Records Medical Forms | | | | | | al Forms |
| Immunization Record SMART | | | Γ Tuition Form VIRTUS Screening | | | |
| Parish Registration Number Tuition Deposit N & Pre-K | | | | & Pre-K | Registration Fee (K-8) | |
| Religious Infor | | olic □N | Jon-Catho | lic | | |
| <u> </u> | | | | | cticad: | |
| If Non-Catholic, Christian Religious Denomination Practiced: If Catholic: ☐ HNM Parishioner Church Envelope # ☐ Non-Parishioner Parish Where Family GEOGRAPHICALLY resides | | | | | | |
| Sacrament | Church | | Location | | Date | Cert |
| Baptism | | | | | | |
| Reconciliation | | | | | | |
| Communion | | | | | | |
| Confirmation | | | | | | |
| Academic Informati | ion: | | | | | |
| Previous School(s)Attended | | City, State | | Grade | Year | (s) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| LAST Student Information: | | FIRST | MIDDLE | | |
|------------------------------|-----------------------------------|-------------------------|---------------------------|--|--|
| Address of Resid | lence | | | | |
| Town(NY) Zip | | | | | |
| Home Phone: | | | | | |
| District of Resid | ence: | | | | |
| Specific District | of Residence: | | | | |
| Gender: □ M | □F | | | | |
| Ethnicity: Is the | student Hispanic or | Latino? Yes | No | | |
| ☐ Asian ☐ Black or Africa | an or Alaskan Native | nder | | | |
| DOB (use form I | MM/DD/YYYY) | | | | |
| (Original Document | tation <u>Only accepted</u> for t | he following for either | Birth Cert or Passport :) | | |
| Proof of Birth: | Birth Certificate: # Passport: # | | | | |
| Date of Entry in | to the USA: | | | | |
| Birthplace-City: | | | | | |
| Birthplace-State | : | | | | |
| Birthplace-Coun | ntry: | | | | |
| Primary Langua | ge Spoken in Home: | | | | |
| Secondary Lang | uage Spoken in Hom | e: | | | |

| Student Name | | | | | | | |
|---|--------|-----|----------------------|-------------|-------------------------|-----------|--|
| LAST Sibling Information: | | | | FIRST | | MIDDLE | |
| Name | | | Date of Birth School | | School Att | Attonding | |
| Name | | Age | Dau | t of Diftil | SCHOOL AU | enumg | |
| | | | | | | | |
| | | | | | | | |
| Parent Information: | | 1 | | | -1 | | |
| Mailing Salutation: | Mr. | & M | rs. | Mr. | Ms. | Miss | |
| | Mother | | Father | | Guardian/ Stepparent | | |
| Name: First | | | | | | | |
| Last | | | | | | | |
| Maiden | | | | | | | |
| Living/Deceased | | | | | | | |
| Religion | | | | | | | |
| Country of Birth | | | | | | | |
| If Not USA, | | | | | | | |
| Date of Entry | | | | | | | |
| Education Completed | | | | | | | |
| Employer: Name Address | | | | | | | |
| Home Phone | | | | | | | |
| Work Phone | | | | | | | |
| Cell Phone | | | | | | | |
| E-Mail | | | | | | | |
| Child Resides With? □ Both Parents □ Mother □ Father □ Other | | | | | | | |
| Who Has Legal Custody? * □ Both Parents □ Mother □ Father □ Other | | | | | | | |
| * Current legal documentation must be provided prior to acceptance for any sole custody family. | | | | | | | |
| Is This A Single Parent Household? □ Yes □ No | | | | | | | |

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| Student Nam | e LAST | FIRST | MII | DDLE |
|-------------------|--|--|---------------------------------|----------------------|
| 1. Has you | | estions: mmended for evaluation lucation? YES | | • |
| 2. If yes, | Date of the evaluation Did they recommend Testing Accor Collaborative/ Resource Roo Speech Teach | Inclusion Classroom m Teacher er Services Reading | r services? Yes Yes Yes Yes Yes | No No No No |
| • | accept or deny the im | plementation of services | 3? | |
| _ | authorize our school to itial Date | o contact your previous s | school? | |
| | | alized Educational Plan) O (If Yes-has it been p | • | |
| | | support services your ch of Mary School? | | |
| If yes, plea | se explain | | | |
| 7. Does yo | our child have a Section | n 504 for accommodatio | ns? YES _ | NO |
| Medical (| Concerns | | | |
| | WITHHOLDING ANY EDU | Plan must be provided, in UCATIONAL, PSYCHOLOGICAL COULD BE GROUNDS FOR EX | L OR BEHAVIORAL | L |
| Person Co | mpleting This Form | (Please Print) | (Relationship to | o Child) |
| Signature | | | Date | |

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