



St. Aloysius Catholic School

Application for Enrollment Preschool through Grade 8

Please use a separate form for each child.
Please PRINT all information.

P.O. Box 522
52 Church Street
(at end of Convent Street)
Gilbertville, MA 01031
413-477-1268
Fax - 413-477-1271

Applying for Grade _____ for 2024 - 2025 School Year.

If attending Preschool or PreK, please
choose preference (check one):
Please note: There are no drop-in days

- 5 Full Days - Monday through Friday
- 3 Full Days - Monday, Wednesday, Friday
- 2 Full Days - Tuesday and Thursday

PART A: STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date (month/day/year): ___/___/___ Place of Birth: _____ Male ___ Female ___

Address: _____ Home Phone: _____

City / Town: _____ State: _____ Zip Code: _____

Ethnicity (for state reporting). Please check the appropriate box: White Non-Hispanic

- Hispanic / Latino
- Black or African American Non-Hispanic
- Asian Non-Hispanic
- Native Hawaiian or Pacific Islander Non-Hispanic
- American Indian or Alaskan Native Non-Hispanic
- Two or more races Non-Hispanic

Primary Language spoken at home (for state reporting): _____

Family E-Mail: _____ Cell Phone: _____

Religion: _____ Parish (Registered): _____ City/Town: _____

Presently Enrolled At: _____ City/State: _____ Grade: _____

The following information is needed to give your child the fullest opportunity to succeed in all aspects of their education:

Have you ever had concerns about your child's development? Yes ___ No ___

Do you have concerns for your child academically? Yes ___ No ___ Socially? Yes ___ No ___

Has / is your child received / receiving specialized services, (ie IEP or 504)? Yes ___ No ___

If Yes to any of the above questions, please explain:

If there are any special circumstances that have affected you child's record (such as poor health, special evaluations, learning disabilities / diagnoses, tutoring, skipping or repeating a grade) please indicate nature.

(Please continue to page 2 on reverse)

How did you hear about St. Aloysius Catholic School? _____

What are your reasons for wanting your child to attend St. Aloysius Catholic School?

PART B: FAMILY INFORMATION

Parent / Guardian: _____ Mother _____ Father _____

Occupation: _____ Employer: _____

Work Phone #: _____ Cell Phone #: _____ E-Mail: _____

Parent / Guardian: _____ Mother _____ Father _____

Occupation: _____ Employer: _____

Work Phone #: _____ Cell Phone #: _____ E-Mail: _____

If separated / divorced, please provide name, address, phone # of non-custodial parent:

List all Siblings:	Age:	Grade 23/24:	Present School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: Application and all supporting documents are to be mailed to the school address: P.O. Box 522, Gilbertville, MA 01031 or may be hand-delivered by appointment only. Applications for admission are reviewed when all of the following are received: signed application, birth certificate, health / immunization records, confidential health questionnaire, signed Tuition Agreement AND certificate of sacrament(s), report cards and standardized test if applicable. A mandatory "shadow day" is necessary for any student applying for Grades 1 through 8.

Parent / Guardian Signature _____ Date _____
My signature verifies that all information provided is true and accurate. I have read and understand the requirements for acceptance.

Parent / Guardian Signature _____ Date _____
My signature verifies that all information provided is true and accurate. I have read and understand the requirements for acceptance.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

St. Aloysius Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

FOR OFFICE USE ONLY:

Screening Appt. Scheduled for: _____ Birth Certificate: _____
Health/Immunization Records: _____ Health questionnaire _____ Signed Tuition Agreement: _____
Baptismal cert. _____ Sacraments _____ Report Cards _____ Standardized Tests _____

FOR ADMINISTRATIVE USE ONLY:

Accepted: _____ Grade: _____ Date: _____
Wait List: _____ Grade: _____ Date: _____
Withdrew Application: _____ Date: _____ Reason: _____