

Alphonsus Academy & Center for the Arts

APPLICATION FOR ADMISSION

Alphonsus Academy & Center for the Arts admits students of any race, color, religion, national or 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 or ethnic origin in administration of its educational or admissions policies, scholarship or loan program, athletics or other student school functions.

CANDIDATE INFORMATION

DATE OF APPLICATION _____

Student's Name: _____
Last First Middle

Preferred Name/Nickname: _____ Grade Applying for: _____ School Year: _____
Preschool (Choices) 3 day 1/2 day - AM ___ PM ___

Date of Birth: _____ Male ___ Female ___ 5 day 1/2 day ___ 5 day full day ___
Tots ___

Current School: _____ Address: _____

Principal/Head of School: _____ Phone: _____

FAMILY INFORMATION

Father's Name: _____ Phone (H): _____ (W): _____

Home Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Occupation: _____

Mother's Name: _____ Phone (H): _____ (W): _____

Home Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Occupation: _____

If divorced, please indicate who has custody and where the student resides: _____

Is anyone other than the mother or father responsible for the applicant at various times? (Examples: relatives, friends, babysitters, etc.) Please give details: _____

Full names of children: _____ Date of Birth: _____ School: _____ Grade: _____

HEALTH/MEDICAL INFORMATION

Please list significant health concerns: _____

Are there any medical concerns or other difficulties that should be taken into account in planning your child's program?

Yes ___ No ___

If yes, please describe: _____

(over)

STUDENT INTERESTS

What are your child's special talents, interests, skills and hobbies? _____

Is your child involved in organized programs after school? Yes _____ No _____

If yes, please describe: _____

What opportunities does your child have for playing with children outside of school? _____

How does your child spend time during his/her school breaks/vacations? _____

GENERAL INFORMATION

Briefly describe your home environment: _____

How does your family spend time together? _____

What does your child do after school? _____

Who is your child with during this time? _____

Please list any languages other than English spoken in the home and to what extent: _____

Please briefly describe your child: _____

What are you looking for in a school? _____

How can we assist you to help your child develop his/her potential? _____

How did you learn about our school? School Fair _____ Magazine/Newspaper Ad _____ Parishioner _____
School Website _____ Parish Website _____ Friend _____ Relative _____ Live in the Area _____
Other source: _____

OPTIONAL QUESTIONS

The following information is for statistical purposes only and has no bearing on admission to the school.
Please check the box that most accurately describes the applicant: (You may check all that apply)

____ Black/African American ____ Asian American ____ Hispanic ____ Latino
____ White ____ Bi-racial ____ Pacific Islander ____ Other

Please list other schools to which you are applying: _____

Do you wish to apply for financial aid? Yes _____ No _____
(The financial aid program is based on family need. An application will be mailed to you if you indicate your interest by marking "Yes").

Please return completed application with application fee to 1439 W. Wellington Avenue, Chicago, Illinois 60657