



534 FRONT ST. CHICOPEE, MA – 413-592-5135 – SAINTSTANSSCHOOL.ORG

NEW STUDENT APPLICATION

Enrollment for Academic Year: 2020 - 2021				Grade:	
STUDENT INFORMATION					
Last Name:		First Name:	Middle Name:	Name you wish your child to be called:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: / /	Place of Birth:	Child's Primary Language:	Child's Race (Responses not required, but encouraged) <input type="checkbox"/> American Indian <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Asian <input type="checkbox"/> 2 or more races		
Address (P.O. Box if applicable):			City:	State:	Zip Code:
Primary Phone #:	Primary Email (REQUIRED):		Busing Required? (Chicopee Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other: _____	
Parishioner Status <input type="checkbox"/> Parishioner <input type="checkbox"/> Non-Parishioner	Parish:		Religion:		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Parish:	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Parish:		
School Previously Attended (Including Preschool):					
School:		Address:		Years Attended:	

FAMILY INFORMATION					
PARENT 1					
Last Name		First Name	Middle	Email Address	Primary Phone #
Please provide address if different than Student:					
Address (or P.O. Box)			City	State	Zip Code
Occupation	Place of Employment		City	State	Phone#
Religion		Parish		City	State
PARENT 2					
Last Name		First Name	Middle	Email Address	Primary Phone #
Please provide address if different than Student:					
Address (or P.O. Box)			City	State	Zip Code
Occupation	Place of Employment		City	State	Phone#
Religion		Parish		City	State
LEGAL GUARDIAN OR CUSTODIAL PARENT (If applicable, please provide a copy of the custodial order)					
Last Name		First Name	Middle	Relationship to Student	

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Please provide address if different than Student:

Address (or P.O. Box)	City	State	Zip Code
Primary Phone #	Email		

NAME OF STUDENT'S STEPPARENT (If applicable)

Last Name	First Name	Middle
Primary Phone #	Email	

SIBLING INFORMATION (If more space is needed, please list on a separate sheet of paper and attach to this form).

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade

EMERGENCY CONTACTS (OTHER THAN PARENTS OR GUARDIANS)

1.				
Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		
2.				
Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		
3.				
Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		

STUDENT MEDICAL INFORMATION

Physician's Name:	Practice:
Address (P.O. Box if applicable):	City: State: Zip Code:
Dentist's Name:	
Address (P.O. Box if applicable):	City: State: Zip Code:

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Medical Insurance Policyholder:	Insurance Company:	Policy Number:
Primary Phone Number:	Secondary Phone Number:	
PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL AND IMMUNIZATION RECORD. STUDENTS CANNOT START SCHOOL WITHOUT THIS INFORMATION.		
Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child have any other allergic reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child take medication on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child take medication that needs to be administered during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child require special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide Education Evaluation report or IEP if applicable.		
Is there anything else you would like us to know about your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		

AGREEMENTS

TUITION AGREEMENT

Individual Responsible for Payment of Tuition and Fees

Name:	Relationship:	Primary Phone Number:	Primary Email Address:
<i>Please provide address if different than student's address</i>			
Address (P.O. Box if applicable):	City:	State:	Zip Code:
Are you an active military service member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be applying for financial aid? (You must fill out a financial aid application on FACTSmgt.com) <input type="checkbox"/> Yes <input type="checkbox"/> No			

In registering my child(ren), I agree to meet the FINANCIAL COMMITMENTS and FAMILY SERVICE COMMITMENT HOURS required by St. Stanislaus School. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Signature of Person Responsible for Tuition

Date

PHOTOGRAPHY AGREEMENT (USE OF IMAGES ON FACEBOOK OR OTHER PUBLICATIONS)

I, the undersigned, **DO CONSENT** or grant full permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current school year, 2020-2021

I DO NOT give consent or permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities or posting to social media. This request is valid for the current school year, 2020-2021.

Parent or Legal Guardian Signature

Date

NEW STUDENT APPLICATION

ST. STANISLAUS SCHOOL FAMILY AGREEMENT

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Stanislaus School, we must work together as parents, students, and school personnel. We want your time as a student at St. Stanislaus School to be one with a clear understanding of our expectations of you and for all.

As a member of the St. Stanislaus School community, you agree to:

1. support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Stanislaus School;
2. support the rules and regulations detailed in the Parent/Student Handbook (available on the School website)
3. respect all school personnel and students;
4. understand the importance of being present at school on a daily basis and arriving on time;
5. As a student, I will perform academically to the best of my ability and complete all assignments on time.

With my signature, I agree to follow the terms listed above in the St. Stanislaus School Agreement. I understand that this contract is real and will be enforced. St. Stanislaus School reserves the right to amend this Student Agreement.

Student Signature	Parent or Legal Guardian Signature	Date
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GENERAL INFORMATION

The following questions will help us understand how families hear about our Catholic Schools and why they choose to provide a high quality, faith-based education for their child(ren).

How did you hear about our school?

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Is there any additional information that can help us in the classroom?

Please list immediate family members who are Catholic School alumni/ae of St. Stanislaus School

1.			
Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:
2.			
Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:

Please list immediate family members who are Catholic School alumni/ae of the Diocese of Springfield.

1.				
Last Name:	Maiden Name (if Applicable):	First Name:	Yrs Attended:	School:
2.				
Last Name:	Maiden Name (if Applicable):	First Name:	Yrs Attended:	School:

The completed application should be returned along with:

<input type="checkbox"/> Non-Refundable Registration Fee	<input type="checkbox"/> Connect – Ed Communication Form
<input type="checkbox"/> Birth Certificate or Passport	<input type="checkbox"/> Baptismal Certificate (if Catholic)
<input type="checkbox"/> Child's most recent report card, standardized test results,	<input type="checkbox"/> Academic and Character Reference form (Grades 4 – 8)
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Copy of Most Recent Physical Exam

Parents of students entering Grades 1 through 8 are kindly asked to contact the school office to schedule an interview for their child with the Principal. St. Stanislaus School reserves the right to administer an entrance screening to any student applicant. Students are not accepted until after all paperwork, including medical records, are submitted, the entrance screening is complete and the admissions board meets to review the application.

St. Stanislaus School is a Roman Catholic, Franciscan, co-educational Pre-K through 8th grade school. Students are assisted in developing their potential spiritually, physically, and socially within a safe and diverse community. A foundation of academic excellence is created to prepare students to become contributing members of a global society.