

Option 1 - Single student (Admission 2017-18)

Progress: Enter data in the Form -> **Review form** -> Submit -> Pay

\* Review the form below and submit it by clicking the **'Submit'** button.

\* Make sure all required fields are entered.

\* You can modify a field by clicking on it. You will be redirected to a page where the field can be input.

\* You can pay online after submitting this form.

1 2 3 4 5 [Review]

Office Use Only

Application Status: \_\_\_\_\_

Forms Received: \_\_\_\_\_

Applicant Information

Name: \_\_\_\_\_ \*

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ \*

Birth Date: \_\_\_\_\_ (MM-DD-YYYY) \*

Home Address: \_\_\_\_\_ \*

Home Phone: \_\_\_\_\_

Child's Current School: \_\_\_\_\_

Length of time: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Other schools attended

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Location: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Home Parish: \_\_\_\_\_

Race: \_\_\_\_\_

Is your Child Hispanic or Latino?: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Medical Information

Special Health Problems: \_\_\_\_\_

Report of Injury, Illness and/or Operation

It is very important for your child's teacher to be made aware of any injury, illness, or operation that your child has had that may affect his/her performance in class. (For example: allergies, a broken arm that did not heal properly, asthma, etc.) **Please fill out one form for each child in your family.**

Please check one of the following:: \_\_\_\_\_

Type of Injury, Illness, or Operation: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Date of Illness: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Parent Signature: [required] [required] [required] \*

General Information

Did the applicant apply last year (2016-17 school year)?: \_\_\_\_\_ \*

Entering Grade: \_\_\_\_\_ \*

Is either parent a Summerwood School alumni?: \_\_\_\_\_ \*

Name and grade of other siblings applying for the 2017-18 school year: \_\_\_\_\_

Parent/Guardian Information

Parent 1 Name

Name: \_\_\_\_\_ \*

Religion: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ \*  
E-mail: \_\_\_\_\_ \*

(if different from applicant(s))

Home Address: \_\_\_\_\_

Parent 2 Name

Name: \_\_\_\_\_ \*  
Religion: \_\_\_\_\_  
U.S. Citizen: \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ \*  
Email: \_\_\_\_\_ \*

(if different from applicant(s))

Home Address: \_\_\_\_\_

Family Information

Please check all that apply to this applicant:

Parents are: \_\_\_\_\_ \*  
Applicant Lives With: \_\_\_\_\_ \*

Siblings Information

Sibling 1 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School: \_\_\_\_\_  
Sibling 2 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School: \_\_\_\_\_  
Sibling 3 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School: \_\_\_\_\_  
Drop down: \_\_\_\_\_

Sacramental Information

Baptism

Date: \_\_\_\_\_ (MM-DD-YYYY)  
Church/Location: \_\_\_\_\_

First Communion

Date: \_\_\_\_\_ (MM-DD-YYYY)  
Church/Location: \_\_\_\_\_

Confirmation

Date: \_\_\_\_\_ (MM-DD-YYYY)  
Church/Location: \_\_\_\_\_

Parents' Questionnaire

In order to evaluate your child and his/her needs in regard to the programs offered at Summerwood School, please answer the following questions giving your perspective on your child.

What are your child's favorite activities? \_\_\_\_\_ \*  
Please include sports, art, music, dance and travel.:  
What are your child's strengths and weaknesses?: \_\_\_\_\_ \*  
Name one area that you wish your child to develop: \_\_\_\_\_ \*

We do not discriminate on the basis of race, sex, color, national and ethnic origin in the administration of educational policies, admissions policies, loan programs, and athletics or other school administered programs. Our School adheres to all policies set forth.

Statement of Accuracy and Authenticity

I have read and understood this application and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to Summerwood School any changes contained herein, even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to reconsider the admission of this applicant.

: \_\_\_\_\_

Application Status

APPLICATION STATUS IS NOT COMPLETE UNTIL PAYMENT HAS BEEN SUBMITTED