



TRADITION.
INNOVATION.
EXCELLENCE.

PreK APPLICATION FOR ADMISSION

Please submit a completed application along with a Birth Certificate, Baptismal Certificate (if applicable), Immunization Record and a non-refundable \$250 deposit (checks payable to PHAS) to the admissions office for review. No applications will be considered complete until ALL FORMS & payments have been obtained.

Admissions Information

Date of Application: _____ Applying for School Year: _____ Full Day: Half Day:

Student's Personal Information

Name: _____
First Name Middle Name Last Name

Male Female Primary Phone Number: _____

Primary Address: _____
Street City State Zip

Date of Birth: _____ Place of Birth: _____ Age as of Sept 1: _____

Public School District of Residence: _____

Public School Building would attend for Elementary School: _____

Student's Educational Information

Current School: _____ Current Grade: _____

School Address: _____
Street City State Zip

Previous School: _____ Grades in Attendance: _____

Student's Religious Information

Religious Affiliation: _____ Current Parish: _____

Parish Address: _____
Street City State Zip

Date of Baptism: _____ Church of Baptism: _____



TRADITION.
INNOVATION.
EXCELLENCE.

Family Information

Applicant Resides With (check all that apply):

Both Parents/Guardians Joint Custody Parent/Guardian 1 Only Parent/Guardian 2 Only

Other (please explain): _____

Parent/Legal Guardian Information	Parent/Guardian 1	Parent/Guardian 2
First and Last Name		
Relation to Applicant		
Address (if different than applicant)		
Home Phone		
Cell Phone		
Primary Email Address		
Occupation		
Work Phone		
Name of Business		

*** Note that a legal document must be provided in cases of guardianship or divorce where appropriate.*

Siblings Under 18

Sibling Name: _____ Date of Birth: _____ School: _____

Sibling Name: _____ Date of Birth: _____ School: _____

Sibling Name: _____ Date of Birth: _____ School: _____

Additional Information

From what source(s) have you heard about Providence Heights Alpha School?

Please list any relatives or friends who have attended Providence Heights Alpha School.



TRADITION.
INNOVATION.
EXCELLENCE.

List your reason(s) for applying to Providence Heights Alpha School.

Describe your child's personality; include special interests, activities, or abilities.

Has your child ever been evaluated or recommended for an individual psychological or educational evaluation (ie - gifted support, remedial, speech/language, Project Dart, learning support, emotional support, etc)?

No Yes If yes, what kind of evaluation? _____
(Please provide a copy for Providence Heights Alpha School with your application.)

Describe your child's school experience to date.

Does your child use the bathroom independently? No Yes Without prompting? No Yes

Does your child experience separation anxiety? No Yes

Is your child currently enrolled in ESL or been previously enrolled in ESL? No Yes

Is there any further information you feel may be helpful to the school?

Providence Heights Alpha School is unable to honor IEPs or 504 plans. We are committed to a child-first philosophy of ensuring all children are placed in the environment which best fits their needs. We will review all applications, records, IEPs, and treatment plans to determine if the level of support required is something we can respond to in our environment in an effective manner. Such documents, as well as school psychological evaluation, discipline files, court involvement, educational evaluations, and standardized test results must be shared with the school in order to complete the application process and allow us to fully review a student's needs. Omissions of any relevant information may nullify acceptance and/or impact outcomes of acceptance, such as termination of contract, if acceptance is extended and documented needs are discovered after the fact.



**TRADITION.
INNOVATION.
EXCELLENCE.**

My/our signature indicates that all information contained in this application is correct, complete, and honestly presented to the best of my knowledge. Falsification on this application could jeopardize the student's acceptance and enrollment. I understand that this application will not be complete until I have submitted all the necessary documents.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Please include the following with this Application:

- ✓ \$250 non-refundable Application Fee
- ✓ Copy of Birth Certificate
- ✓ Copy of Baptism Certificate if applicable
- ✓ Copy of current Immunizations

Optional documents which are helpful but not required:

- Teacher Recommendation form from current PreK teacher