



TRADITION.  
INNOVATION.  
EXCELLENCE.

## K-8 APPLICATION FOR ADMISSION

*Please submit a completed application along with a Birth Certificate, Baptismal Certificate (if applicable), Immunization Record, Records Release form, Teacher Recommendation Form(s) (if applicable), 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: \_\_\_\_\_ Grade: \_\_\_\_\_

### **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): \_\_\_\_\_

### **Student's Educational Information**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Previous School: \_\_\_\_\_ Grades in Attendance: \_\_\_\_\_

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: \_\_\_\_\_

Date of Holy Eucharist: \_\_\_\_\_ Church of Holy Eucharist: \_\_\_\_\_



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.)

Has your child ever skipped/repeated a grade? No  Yes  If yes, which grade & why? \_\_\_\_\_

---

Has your child ever been suspended/expelled from school? No  Yes  If yes, please explain: \_\_\_\_\_

---

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
- ✓ Copy of Records Release Form

**Additional Documents:**

- ✓ Teacher Recommendation form from current Teacher (*Send directly to your child's current teacher*)
- ✓ Any Additional Evaluations, Recommendations, Documentation (*where applicable*)