

ST. ANDREW AVELLINO – 35-50 158 STREET -- FLUSHING, NY 11358
REGISTRATION FORM 2021-2022
Registration Fee – Nursery \$100 per child, PK \$100 per child, K & Up \$200 per child
(Non-Refundable)

Please Print All Information Clearly

Grade Applying for _____

First Name _____ Last Name _____

Date of Birth _____

STUDENT'S HOME INFORMATION

Street Address _____ Apt. Number or Floor _____

City _____ State _____ Zip Code _____

Home Telephone () _____

What is the city, state, country where this student was born? _____

What is the primary language that is spoken in your home? _____

Does this student have an Individualized Education Plan (IEP) on file? Yes ___ No ___

Does this student have allergies? Yes ___ No ___ Does this student have an 504 Yes ___ No ___

If yes, please explain: _____

What was the date of this student's first polio vaccine? _____

Previous School Information:

Name: _____ Location: _____ Yrs. Attended _____

How many children in your family? _____

Is this the oldest child in your family enrolled in St. Andrew Avellino? Yes ___ No ___

List brothers and sisters in St. Andrew Avellino at this time.

NAMES

GRADES

What is the name and location of the Church where this student currently worships?

Religious Affiliation: Catholic ___ Non-Catholic ___

If a St. Andrew Avellino Parishioner, what is your envelope number? _____

SACRAMENT INFORMATION (IF APPLICABLE) – STUDENT

BAPTISM: _____
mm/dd/yy _____
Name of Church _____

PENNANCE: _____
mm/dd/yy _____
Name of Church _____

COMMUNION: _____
mm/dd/yy _____
Name of Church _____

CONFIRMATION: _____
mm/dd/yy _____
Name of Church _____

FAMILY MEMBER 1 (Primary caretaker of the student and resides with the student)

Title: _____ (Mr., Mrs., Ms., etc.)

First Name: _____ Last Name: _____

Maiden Name: _____ Relationship to Child _____

Work Phone: _____ Cell Phone: _____

E-MAIL ADDRESS: _____

Employer: _____ Occupation: _____

Title: _____ (Mr., Mrs., Ms., etc.)

First Name: _____ Last Name: _____

Maiden Name: _____ Relationship to Child _____

Work Phone: _____ Cell Phone: _____

E-MAIL ADDRESS: _____

Employer: _____ Occupation: _____

Person responsible for the Tuition Bill: _____

Are parents divorced? Yes ___ No ___ Separated? Yes ___ No ___ Remarried? Yes ___ No ___

Who has legal custody of applicant? _____

Notify in case of EMERGENCY (other than parent). This person should be able to pick-up within a short time frame. Student should know this person and they should have I.D.

Name: _____ Telephone: _____

Address: _____

Relationship to Child: _____

I understand that this registration is conditional upon satisfaction of academic records and financial obligations

Signature of Parent/Guardian: _____ Date: _____

For Office Only - Fee \$ _____ Check # _____ Cash \$ _____ Referred by SAACA Family: _____
PRINT FAMILY NAME/CHILD