

*OFFICE USE*  
Date \_\_\_\_\_  
Cash/Ck# \_\_\_\_\_  
Accept.date \_\_\_\_\_  
Deposit Ck# \_\_\_\_\_

**Saint Paul School**  
461 Alling Street  
Kensington CT 06037-2170  
860-828-4343 Fax 860-828-1226  
ourschool@stpaulkensington.org

*Please circle entering GRADE LEVEL  
(If preschool – also check desired schedule)*

**Pre-K 3** }  5 Full Days  
**Pre-K 4** }  5 Half Days  
                   3 Full Days: MWF only  
                   3 Half Days: MWF - PK3 only

**Grade: K 1 2 3 4 5 6 7 8**

**Application for Admission**

Name of child: \_\_\_\_\_  Male  Female  
*Last First Middle*

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present age: \_\_\_\_\_ *Please attach copy of birth certificate*

Address: \_\_\_\_\_  
*Number and Street*  
\_\_\_\_\_  
*City, State and Zip Code*

Phone: \_\_\_\_\_  
*Home Mother's cell Father's cell*

**Please clearly print your EMAIL address(es):** \_\_\_\_\_  
\_\_\_\_\_

Child currently attends: \_\_\_\_\_  
*Name of school/program*  
\_\_\_\_\_  
*City/Town*

*If applying for grades 1-8:* Has your child ever been retained in a grade?  No  Yes If yes, which grade? \_\_\_\_\_

*Reason for transfer from present school:* \_\_\_\_\_  
\_\_\_\_\_

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

Does your child have any of the following conditions which might need special consideration in the classroom?  
 Poor vision  Hearing impairment  Allergies  Epilepsy  Heart problems  Other: \_\_\_\_\_

Has your child been referred for Special Education services at any time during his/her educational history?  Yes  No  
If so, may we have access to these records?  Yes  No Has your child received Birth to Three services?  Yes  No

**Child resides with (circle):** Both Parents Mother/Father Split Mother Father Mother/Stepfather Father/Stepmother Other: \_\_\_\_\_

**Mother:** \_\_\_\_\_  
*Last name First Maiden name*

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

If Catholic, present parish: \_\_\_\_\_ Location (city/town) \_\_\_\_\_

Is mother a graduate of Saint Paul School?  yes  no Class of \_\_\_\_\_ Maiden name \_\_\_\_\_

**Father:** \_\_\_\_\_  
*Last name First Middle*

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

If Catholic, present parish: \_\_\_\_\_ Location (city/town) \_\_\_\_\_

Is father a graduate of Saint Paul School?  yes  no Class of \_\_\_\_\_

*Continued on reverse ...*

**Other children in family:**

<i>Name</i>	<i>Date of birth</i>	<i>School</i>
<i>Name</i>	<i>Date of birth</i>	<i>School</i>
<i>Name</i>	<i>Date of birth</i>	<i>School</i>
<i>Name</i>	<i>Date of birth</i>	<i>School</i>

**THIS APPLICATION IS COMPLETE WHEN ACCOMPANIED BY:**

- **Non-refundable fee:** **Pre-K: \$50.00** (application fee)  
**Kindergarten: \$75.00** if new to Saint Paul School (application/screening fees)  
**Grades 1-8: \$50.00** (application fee)
- Birth certificate
- Baptismal certificate (if Catholic)
- If applying to grades 1-8: please provide a copy of last year's report card or most recent report card, and copies of standardized test scores (applicable grades)

**Acceptance Policy**

Admission is based upon submission of an application for enrollment (including all required documentation), student visit, and a review conducted by our principal. Kindergarten applicants who are new to the school will be screened for Kindergarten readiness. Saint Paul School does not discriminate on the basis of race, color, ancestry, national or ethnic origin, or gender.

In reviewing applications, families with children currently attending Saint Paul School have first priority, with consideration given to the following: Saint Paul Church registered and active parishioners; students from other Catholic parishes; students who are displaced from other Catholic schools; students whose parents/guardians are alumni of the school; families enrolling more than one child; and students who are not affiliated with a Catholic parish.

Decisions regarding acceptance will be made in accordance with the above considerations, as well as the enrollment priorities of the school.

Please note: If child is transferring from another Catholic school, you must be current with financial obligations to that school.

The parent/guardian's signature below affirms that all information on the application is accurate and that he/she has read and understands the Acceptance Policy of Saint Paul School:

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

How did you hear about our school? \_\_\_\_\_

If referred to Saint Paul School by a current school family, please indicate name: \_\_\_\_\_