



Transfiguration School
New York, New York

Student Application

Date of Application _____ Birth Certificate # _____
Grade Applying For _____

Child's Information

Name _____
Last First Middle

Date of Birth _____ Place of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell # _____

Gender _____ Religion _____ Parish _____

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child resides with _____ Relationship _____

Mother's Information Please circle: Single/ Married/ Separated/Divorced/Deceased

Name _____

Last First Maiden
Address _____ City _____ State _____ Zip _____

Religion _____ Occupation _____

Business Address _____

Email _____ Phone _____ Cell # _____

Did mother attend Transfiguration School? _____ Class _____

Father's Information Please circle: Single/ Married/ Separated/Divorced/Deceased

Name _____

Last First Maiden
Address _____ City _____ State _____ Zip _____

Religion _____ Occupation _____

Business Address _____

Email _____ Phone _____ Cell # _____

Did father attend Transfiguration School? _____ Class _____



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Names of other children who attend Transfiguration School:

Name _____ Grade _____

Custody of Child (if applicable)

Guardianship of Child (if applicable)

Custodial Parent _____ Relationship _____
Guardian _____ Name _____

Documentation _____ Relationship _____

Date Provided _____ Documentation _____

Date Provided _____

Child's Education

Previous Schools Attended

Name	Address	Grades Completed	Dates

Child has been evaluated by the district **Committee on Special Education** ___Yes ___ No

Child has been evaluated by a private psychological or educational agency ___Yes ___No

If answer to either or both statements above is YES, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact and Phone
Educational			
Psychological			
Speech			
Other _____			

If child has been seen by the public district **Committee on Special Education**, applicant must complete the following:

Was an IEP ever generated? ___ Yes ___No Copy Submitted Date _____

Child has a **Section 504 Accommodation Plan** ___ Yes ___No Copy Submitted Date _____

District Name and #	Date of most recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete or negligent information, my child will be dismissed from school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Signature of Parent or Guardian _____ Date _____