



TRANSFIGURATION SCHOOL

Please submit this application at least two (2) weeks prior to your child(ren)'s assessment date.

Student Application - Page 1

Date of Application _____

Grade Applying For _____

Birth Certificate # _____

Child's Information

Name: _____
Last First Middle

Date of Birth (MM/DD/YYYY) _____

Address _____ Apt/Suite/Floor _____

City _____ State _____ Zip _____ Child's Phone (if applicable) _____

Gender (Circle one) M F Religion _____ Parish _____

Language(s) spoken at home: _____

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 _____ Apt/Suite/Floor _____ State _____ Zip _____

Religion _____ Occupation _____ Place of Birth _____

Business Address _____

E-mail _____ Cell Phone _____ Work Phone _____

Father's Information

Please circle Single Married Separated Divorced Deceased

Name: _____
Last First

Address _____ City _____ Apt/Suite/Floor _____ State _____ Zip _____

Religion _____ Occupation _____ Place of Birth _____

Business Address _____

E-mail _____ Cell Phone _____ Work Phone _____

Is a parent or both an alumnus of Transfiguration School? If so; Name _____ Class of _____

Names of other child(ren) who attend(ed) Transfiguration School:

Name: _____ Grade/Year Graduated : _____

Custody of Child (if applicable)
Custodial Parent _____ Relationship _____
Documentation _____ Date provided _____

Guardianship of Child (if applicable)
Guardian _____ Name _____
Relationship _____
Documentation _____ Date provided _____

Child's Education

Previous schools attended

Name	Address	Grades	Date

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 Name and Phone
Educational			
Psychological			
Speech			
Other _____			

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

1. Was an IEP ever generated? _____ Yes _____ No Copy Submitted _____
Date _____
2. 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 the 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.

Initials _____

Signature of Parent or Guardian _____ Date _____
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Office Notes: _____

