



Date of Application	Grade Applying I	orAcademic	Year Interested	
Birth Certificate # How did you hear about our sch	Internet Search	Family/Friend   Social	Media   Other:	
My child is:				
New to Transfiguration School	Our family is a n	nember of Transfiguration C	hurch	
Has sibling(s) currently attending		ed Transfiguration School		raduate, withdrev
CHILD'S INFORMATION				
Name:			_	Gender: M
Last	First	Middle	DOB (MM/DD/YYYY)	
Address	City	State	Zip	
Language(s) spoken at home:		Child resides with	Relationship	
Religion Parish				
Sacrament	Date	Church	Loca	ition
Baptism (certificate required)				
Reconciliation				
First Holy Communion				
Confirmation				
PARENT #1 INFORMATION	Please Check: Single	Married Separated	Divorced Decease	d
Name:		Middle	 Relationship	
Last	First	Wildaic	Holationship	
Address			Gender:	M F
City	State Z	p Place of E	Birth:	
Religion	Occupation	E-mail		
Business Address	Mobil	e Phone	Work Phone	
Alumni of Transfiguration School? (Yes/No	) Class of			
PARENT #2 INFORMATION	Please circle: Sing	e Married Separated	Divorced Deceas	ed
Name:				
Last	First	Middle	Relationship	
Address				M F
City				
Religion		E-mail		
Business Address	Mob	le Phone	Work Phone	

<sup>\*\*</sup> Please turn over and complete page 2\*

M			Student Application - Page 2	
vame:	Grade:	-		
CUSTODY OF CHILD (if applic	able)	GUARDIANSHIP OF CHILD (if applic	able)	
Custodial Parent		Guardian Name		
		Relationship		
Documentation		Documentation		
Date provided		Date provided		
CHILD'S EDUCATION  Previous schools attended  Name	Address	Grades	Date	
Child has been evaluated by the dist	rict Committee on Special Education. (	Yes/No)		
•	e psychological or educational agency.	(Yes/No)		
f your answer to either or both state	ments above is YES, applicant must comp	elete the following:		
Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone	
Educational				
Psychological				
Psychological Speech				
Psychological	_			
Psychological Speech Other	- olic district Committee on Special Educatio	n, applicant must complete the following:		
Psychological Speech Other f the child has been seen by the pub	-			
Psychological Speech Other  f the child has been seen by the pub.  1. Was an IEP ever generate	olic district Committee on Special Educatio	ed (Date)		
Psychological Speech Other  If the child has been seen by the pub.  1. Was an IEP ever generate	olic district Committee on Special Educatio	ed (Date)	Classification and Recommended Placemen	
Psychological Speech Other  If the child has been seen by the put  1. Was an IEP ever generate 2. Child has a Section 504 A  District Name and #  I affirm that the above information is Furthermore, should my child be accepted/admitted.	Date of most recent IEP  true to the best of my knowledge. I underscepted/admitted under false, incomplete, oed, my child and I will be bound by the terr	Copy Submitted (Date)  Date of Last Psychological Evaluation  stand that failure to provide the required door negligent information, my child will be dismost and conditions of the school's parent/st	Recommended Placemen  cumentation stops the application processed from the school. I also agree the cudent handbook including those provi	
Psychological Speech Other  If the child has been seen by the put  1. Was an IEP ever generate 2. Child has a Section 504 A  District Name and #  affirm that the above information is Furthermore, should my child be accepted/admittereferencing inoculations. Final accepted	Date of most recent IEP  true to the best of my knowledge. I underscepted/admitted under false, incomplete, oed, my child and I will be bound by the terr	Copy Submitted (Date)  Date of Last Psychological Evaluation  stand that failure to provide the required door negligent information, my child will be disn	Recommended Placemer  cumentation stops the application processed from the school. I also agree the total the total than the school including those provident handbook including those providents.	
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