



Saint Saviour Catholic Academy

Admission Application Form

Student's Name: _____ Date of Birth: _____

Male: ___ Female: ___ City, State, Country of Birth: _____

Entering Grade: _____ in September 2019 Nursery Program Only: ___ Full Day ___ Half Day

Parent/Guardian(s) Names: _____ Relationship: _____

_____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Language(s) Spoken at Home: _____

If parents are divorced/separated with whom does student live? _____

Is either parent deceased? _____

Student's current/previous school name, if any: _____

School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Title: _____

Has the student ever received and/or is eligible to receive support services (e.g. Speech, OT, PT, SEIT, SETSS)? Specify:

Is the student Catholic? ___ Yes ___ No If yes, Parish affiliation: _____

Sibling(s): Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

How did you hear about Saint Saviour Catholic Academy?

Parent's/Guardian's Signature: _____ Date: _____

**Please enclose a non-refundable application fee of \$100 via check/money order
made payable to Saint Saviour Catholic Academy**

701 EIGHTH AVENUE, BROOKLYN, NY 11215 ♦ 718.768.8000

www.saintsaviourcatholicacademy.org