



FAITH • FAMILY • EXCELLENCE

APPLICATION FOR ADMISSION

School Year: _____

This application must be submitted with non-refundable \$200.00 commitment fee as well as a **copy of birth certificate, immunization records, copies of the most recent official academic transcript and standardized test scores. No student will be admitted without immunization records (legal requirement of State of Alaska) and school physical (Pre-K).**

Grade Level (circle one) Pre-K K 1 2 3 4 5 6 Date of Birth _____

Student's Full Name _____ Prefers _____
Last First Full Middle Name

Gender _____ Student Home Phone _____

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Current School _____ Other Schools Attended _____

Can we administer the following to your child during school hours?

OTC Tylenol or Ibuprofen (Circle One) Yes No Call First

Cough Drops (Circle One) Yes No Call First

PARENT/GUARDIAN (Person(s) with whom student resides)

Mr./Ms./Mrs. _____

Mr./Ms./Mrs. _____

Mailing Address _____

Mailing Address _____

Home Phone Work Phone Cell Phone _____

Home Phone Work Phone Cell Phone _____

Employer Occupation/Title _____

Employer Occupation/Title _____

Email _____

Email _____

ADDITIONAL PARENT/GUARDIAN (Person(s) with whom student does not reside)

Mr./Ms./Mrs. _____

Mr./Ms./Mrs. _____

Relationship _____

Relationship _____

Home Phone Work Phone Cell Phone

Home Phone Work Phone Cell Phone

Mailing Address _____

Mailing Address _____

Email _____

Email _____

Religion _____ Practicing? Yes No Church or Parish _____

Has your child been baptized? Yes No Has your child received first communion? Yes No

Ethnic Origin: (Circle appropriate ethnic group/s): African-American Asian-American Caucasian Native-American
Pacific Islander Hispanic Other (Specify) _____

Child Resides With: Both Parents Mother Father Mother & Stepfather Father & Stepmother
 Legal Guardian Other

Additional Information:

Emergency Contact Information:

In case you cannot be reached, please list three people that we can call in case of emergency.

Hospital preferred _____

Physician Name: _____ Physician Phone: _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Discipline History:

Parent: Has your child had any serious disciplinary problems in the last three years (i.e. suspension, expulsion, or conviction of a crime?) Yes No If yes, please explain circumstances and resolution.

Health History: Please (X) any of the following conditions your child has experienced.

Hearing Yes No Explain: _____

Vision Yes No Explain: _____

Diagnosed ADD or ADHS – Since when _____ List current medication _____

Will medication be needed in school? Yes No When _____

Allergies – List _____

What happens? _____

Is EpiPen prescribed for allergies? Yes No If yes, parent must provide EpiPen.

Asthma – Is an inhaler used? Yes No How often? _____

List medications taken for asthma _____

Diabetes – Type I or II? _____ When was it diagnosed? _____ Is child prepared should sugar level drop? _____

Seizures – What type? _____ Last seizure (date) _____

Medication taken _____

Episode of loss of consciousness Yes Explain: _____

Emotional concerns – Explain: _____

Depression – Explain: _____

Please list any other recurrent medical problem, unusual illness or personal concerns of which you would like the school to be aware:

My child is healthy and has no known health problems.

Health History Informed Consent

For your child’s health protection and educational success, sometimes it is necessary to share health issues on a need-to-know basis as determined by the administrative staff. Your signature gives permission to share this information with school staff. All information is kept confidential.

Parent/Guardian Signature

Date

School Directory Information: I hereby authorize for release of the following information in the SEAS Directory: Parent/Guardian names, physical address, mailing address, family email, home phone, cell phone, work phone, student(s) name and grade. **YES or NO**

Media Release: Parent and student permission is required to use a person’s photograph, voice, and/or name in various media projects. **I DO NOT consent to the media release (please initial)**_____.

To grant consent, please read the following, date and sign.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use of and editing thereof and release Saint Elizabeth Ann Seton School and its employees and assignees from any and all claims resulting from such use editing in school related media, and use, sale, editing, and release to the newspapers, radio and television stations; and use on the Internet

Signature of Person Participating _____
Date

The above consent and release is hereby ratified and approved.

Parent/Legal Guardian _____
Date
(Parent/Legal Guardian signature is required if the participant is under 19 years of age.)

PLEASE NOTE: Your permission for the School Directory and the Media Release are valid for the remainder the student’s enrollment at Saint Elizabeth Ann Seton School unless changes are requested by the parent(s).

TO OUR KNOWLEDGE, THE INFORMATION SUBMITTED ON THIS APPLICATION IS CURRENT AND FACTUAL.

Parent/Guardian Signature _____
Date

Parent/Guardian Signature _____
Date

Notice of Non-Discrimination Policy as it applies to Students and Employees Saint Elizabeth Ann Seton School operates in compliance with Title VI of the Civil Rights Act of 1964 and the non-discriminatory requirement of Title IX of the Education Amendments of 1972 Saint Elizabeth Ann Seton School admits students of any race, gender, color, national, and ethnic origin to all of the programs and activities accorded or made available to the students at the school. It does not discriminate on the basis of race, gender, color, national, or ethnic origin in the administration of its educational, admissions, or hiring policies; scholarship and loan programs; or any other school administered programs. Since Saint Elizabeth Ann Seton School is a Catholic institution that promotes Catholic faith, it reserves the right to make decisions based on religious grounds.