



ST. MEL'S CATHOLIC ACADEMY

154-24 26th Avenue • Flushing, NY 11354

Phone: (718) 539-8211

2020-2021 Student Application

*Non-refundable \$150 Registration Fee and \$250 Education Fee due upon Registration

Student Information (Please Print)

Grade Applying For _____

First Name _____

Last Name _____

Date of Birth _____

Student's Home Information

Street Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

Home Telephone Number (_____) _____

What is the city, state, country where this student was born? _____

What is the primary language that is spoken in your home? _____

Does this student have an Individualized Education Plan (IEP) on file? Yes _____ No _____

Does this student have any allergies? Yes _____ No _____

If yes, please specify here: _____

Does this student have any other medical conditions that may affect his/her health/safety at school? Yes _____ No _____

If yes, please specify here: _____

Family Information – Primary Parent/Guardian (*primary caretaker of the student and resides with the student.*)

First Name _____ Last Name _____ Title: _____ (Mr., Mrs., Ms., etc.)

Relationship to Child _____ Email _____

Primary Phone _____ Secondary Phone _____

Employer _____ Occupation/Title _____

Family Information – Additional Parent/Guardian

First Name _____ Last Name _____ Title: _____ (Mr., Mrs., Ms., etc.)

Relationship to Child _____ Email _____

Work Phone _____ Cell Phone _____

Employer _____ Occupation/Title _____

Person responsible for the tuition bill _____

Are parents divorced? Yes _____ No _____

Separated? Yes _____ No _____

Remarried? Yes _____ No _____

Who has legal custody of applicant? _____



Emergency Contact Information (other than parent/s)

First Name _____ Last Name _____

Address _____

Phone Number _____ Relationship to Child _____
(Father, Mother, Aunt, Brother, etc.)

Previous School Information

Name of School _____

Location of School (city, state) _____

of Years Attended: _____ Grades Attended at this school: _____

How many children are in your family? _____

In the oldest child in your family enrolled at St. Mel's Catholic Academy? Yes _____ No _____

In the table below, please list the name(s) of applicant's siblings and provide current school/grade level.

Name of Sibling	Current School	Current Grade Level

Student Religious Information

Religious Affiliation: Catholic _____ Non-Catholic _____

What is the name and location of the church where this student currently worships?

_____ If St. Mel, what is your envelope number? _____

Student Sacrament Information

If Catholic, please complete the table below with the necessary information.

Sacrament	Date Received mm/dd/yy	Name of Church
Baptism		
Penance		
Communion		
Confirmation		

I understand that acceptance is conditional upon satisfaction of academic records, personal interview and financial obligations.

Signature of Parent/Guardian _____ Date _____

If you were referred by a current St. Mel's Catholic Academy family, please provide their name here:
