



**ST. MEL'S  
CATHOLIC  
ACADEMY**

154-24 26<sup>th</sup> Avenue • Flushing, NY 11354  
Phone: (718) 539-8211

## 2021-2022 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? \_\_\_\_\_



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### 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:

\_\_\_\_\_