

SAINT DOMINIC SCHOOL

250 Old Squan Road • Brick, New Jersey • 08724

Phone 732-840-1412 • Fax 732-840-6457



ADMISSIONS:

Saint Dominic School does not discriminate on the basis of race, color, gender, national/ethnic origin, and/or disability if with reasonable accommodation the student can meet the educational programs or activities operated by the school.

ADMISSIONS PROCESS:

In admitting children to PreK and kindergarten, the age requirements of the local school district in which the child resides will be followed. Please check with your local school district for age requirements.

Registration applications must include copies of birth and baptismal certificates and immunization records. All students applying for admission to Saint Dominic School are required to be immunized. In addition, applications for students entering Grades 1-8 must include academic and behavioral records, standardized test scores, and Child Study Team evaluations (if applicable).

Completed applications are reviewed by the principal, and parents will receive a letter confirming their child's enrollment status in Saint Dominic School. As part of the admissions process, a meeting with the student, parent, and the school administration may be required prior to acceptance.

STUDENT NAME

INCOMING GRADE AS OF SEPTEMBER

OFFICE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> SOCIAL SECURITY |
| <input type="checkbox"/> BAPTISMAL CERTIFICATE | <input type="checkbox"/> IMMUNIZATION RECORD |
| <input type="checkbox"/> FIRST PENANCE | <input type="checkbox"/> PREVIOUS REPORT CARDS |
| <input type="checkbox"/> FIRST EUCHARIST | <input type="checkbox"/> MOST RECENT |
| <input type="checkbox"/> SPECIAL ED. REC. | STANDARDIZED TESTING |

STUDENT AGE AS
OF OCTOBER 1ST FOR
UPCOMING SCHOOL YEAR _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE

PLEASE INDICATE
1ST & 2ND CHOICE

PRE-K REGISTRATION - PROGRAMS

3 YEAR OLD	<input type="checkbox"/> 1/2 DAY A.M.	8:30-11:00 (TUESDAY & THURSDAY)
	<input type="checkbox"/> 1/2 DAY P.M.	12:00-2:30 (TUESDAY & THURSDAY)
	<input type="checkbox"/> 2 FULL DAYS	8:30-2:30 (TUESDAY & THURSDAY)
4 YEAR OLD	<input type="checkbox"/> 3 FULL DAYS	8:30-2:30 (MONDAY, WEDNESDAY & FRIDAY)
	<input type="checkbox"/> 5 FULL DAYS	8:30-2:30 (MONDAY THRU FRIDAY)

STUDENT INFORMATION

LAST NAME	FIRST NAME	MI	GENDER
HOME ADDRESS	CITY	STATE	ZIP
BIRTH DATE	RELIGION	ETHNICITY	
REGISTERED PARISH	ENVELOPE#		

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME	ADDRESS		
HOME TELEPHONE	CELL NUMBER	EMPLOYER	OCCUPATION
WORK TELEPHONE	EMAIL ADDRESS		RELIGION
FATHER'S NAME	ADDRESS		
HOME TELEPHONE	CELL NUMBER	EMPLOYER	OCCUPATION
WORK TELEPHONE	EMAIL ADDRESS		RELIGION

EMERGENCY CONTACT INFORMATION

NAME	CELL PHONE #	RELATIONSHIP
1.		
2.		
PHYSICIAN:		

MEDICAL CONDITIONS AND ALLERGIES - PLEASE LIST ALL

PREVIOUS SCHOOL
 PRESCHOOL ELEMENTARY

NAME	FULL ADDRESS

Does your child currently have an Individual Service Plan (ISP) or an Individual Education Plan (IEP)? YES NO

IF YES, please submit the plan to the school office so that the application process can continue to completion.

SACRAMENTS RECEIVED

SACRAMENT	PARISH	DATE RECEIVED	CITY	STATE	ZIP
BAPTISM					
FIRST PENANCE					
FIRST COMMUNION					
CONFIRMATION					

SIBLING INFORMATION

FULL NAME	DATE OF BIRTH	SDS STUDENT Y/N	GRADE
1.			
2.			
3.			
4.			

HOME SITUATION - CHECK ALL THAT APPLY

- | | | |
|--|---|---|
| <input type="checkbox"/> PARENTS RESIDE TOGETHER | <input type="checkbox"/> PARENTS DIVORCED | <input type="checkbox"/> PARENTS SEPARATED |
| <input type="checkbox"/> MOTHER REMARRIED | <input type="checkbox"/> SINGLE PARENT | <input type="checkbox"/> GUARDIAN CARES FOR CHILD |
| <input type="checkbox"/> FATHER REMARRIED | | |

CHILD/CHILDREN RESIDE WITH:

PARENT POSSESSING LEGAL CUSTODY: _____

In the case of separation/divorce, the custodial parent must provide an official copy of the custody section of the separation/divorce decree.

PARISHIONER TUITION STATUS

There are two categories regarding tuition rates: Active Registered Catholic Rate/Non-registered Catholic Rate.

Active Registered Catholic Rate – Families must be registered members and worship weekly at a Catholic church within the Diocese of Trenton. It is the expectation that families who are registered be active in the church community and contribute a minimum of \$10 weekly/\$520 annually via the envelope system for one full calendar year (January-December) to support their parish. Families who are not active members of Saint Dominic Parish will need to provide a letter from their church confirming their active status.

Non-registered Catholic Rate – Families who are not registered at a Catholic church within the Diocese of Trenton or have not been registered in a Catholic parish for one full calendar year (January-December) are assessed the non-registered Catholic rate. Registered families who did not meet the \$520 annual church offering from the prior calendar year will also receive this rate.



Saint Dominic School expects all students and their parents/guardians to abide by all rules and regulations set forth by administration in the school handbook. Parents/guardians are also expected to disclose all prior academic, medical, and psychological reports on their child so that Saint Dominic School can effectively identify the child's needs. All students accepted to Saint Dominic School are on probation throughout the first trimester of the school year pending successful academic effort and conduct appropriate for Catholic school students.

PARENT/GUARDIAN SIGNATURE

DATE