



Saint Aloysius Elementary Academy

721 West Side Avenue
Jersey City, N.J. 07306
www.stalselem.org

Office: (201) 433-4270
Fax: (201) 433-6916

April, 2013

Your application for registration is not completed until the following steps have been taken:

1. All information is completed on the registration forms. If there is any change in the information supplied on your registration form, from now until the time the child comes to school, please notify the school office. It is especially important to notify us if you have a change of plans. We usually have a waiting list for all grades and it is not fair to others to be holding a place for your child when you do not have any intention of using it.
2. \$400.00 Registration Fee per family is paid (non-refundable and not applicable to tuition) for students in grades PK – 8.
3. Health form is completed. Proof of inoculations must be presented and will be reviewed by the nurse.
4. Child's birth and sacrament certificates are reviewed. Baptismal and other sacrament records for older children must be presented when the child is registered.
5. **IMPORTANT: GRADES 1 TO 8 –** Acceptance depends upon available space in the grade, a review of the child's report card by the Principal and an entrance exam.
6. Please notify the Principal of your child's present school when she/he is accepted by St. Aloysius. Request a **transfer** to be issued the last day of attendance. **NO CHILD WILL BE ALLOWED IN SCHOOL WITHOUT A TRANSFER.**
7. You will be notified of your child's acceptance after the application, report card, health records and exam have been reviewed and are in order.
8. Uniforms are to be bought at Lobel's Uniform Store, 5819 Bergenline Ave., West New York, N.J. Each child must purchase the regular school uniform.
9. Tuition (including supply fee) is payable monthly to SAET from May through February. You will receive coupons for each month the tuition is payable. If the Registration Fee and at least 2 months tuition are not paid, your child may not attend school in September.
10. For the welfare of your child, it is important for us to have knowledge of any testing/diagnostic information about your child.

SAINT ALOYSIUS ELEMENTARY ACADEMY
REGISTRATION

(Page 1)

STUDENT INFORMATION (Please print all information.)

Name _____ Sex _____ Grade _____
Last First Middle

Address _____ Apt. # _____
Zip Code _____

Home Telephone _____

Date of Birth _____ Place of Birth _____

Soc. Sec. No. (Optional) _____ Parish _____

National Origin _____ Religion _____

Baptism _____
Church Date

Penance _____
Church Date

Communion _____
Church Date

Confirmation _____
Church Date

Student Resides With _____

Relationship (Check one)

Name - Complete Relationship Section Below

Parents Mother Only Father Only
 Mother & Stepfather Father & Stepmother Stepmother
 Grandparents Grandfather Only Grandmother Only

List All Schools Attended From Time Child Started School _____

FAMILY INFORMATION

Father _____ Occupation _____
Last First

Religion _____ Father's Cell _____

Father's Home Phone _____ Father's Work Phone _____

FAMILY INFORMATION (Cont'd)

Mother _____ Occupation _____
Last Name First

Religion _____ Mother's Cell _____

Mother's Home Phone _____ Mother's Work Phone _____

Mother's Last Name If Different From Child _____

Number of Children Attending St. Aloysius Elementary Academy Including Pg. 1 _____

Number of Children in Family _____ Boys _____ Girls _____

Language Spoken At Home _____

Father's Driver's License _____

Mother's Driver's License _____

FAMILY DATA

	Father	Mother	Guardian
Name	_____	_____	_____
Address	_____	_____	_____
Education	_____	_____	_____
Occupation	_____	_____	_____
Work Telephone	_____	_____	_____
Deceased (Give Date)	_____	_____	_____

Brothers and Sisters (Oldest First)

Name	_____	_____	_____
Age	_____	_____	_____
Place of Birth	_____	_____	_____
Education	_____	_____	_____
Occupation	_____	_____	_____
Married	_____	_____	_____

Emergency Information

We must have at least two people to telephone in case of an emergency if the parents or guardians cannot be reached. Please inform these people that they are emergency contacts.

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Parish Information

Name of Parish _____

Address of Parish _____

Telephone _____

Name of Pastor _____

Envelope Number _____

(Envelope or copy of envelope must be provided to be considered for parishioner rate.)

Signature _____

Date _____

**2013-2014 SCHOOL YEAR
INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS**

DATE: February, 2013

Public School District: Jersey City Public Schools
Address: 346 Claremont Avenue
Jersey City, NJ 07305

Nonpublic School: St. Aloysius Elementary Academy
Address: 721 West Side Avenue
Jersey City, NJ 07306

Name of Student: _____
Grade : _____
Name of Parent: _____

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the Jersey City Public Schools District to loan textbooks to the St. Aloysius (nonpublic school) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the Board of Education of the public school district in which the nonpublic school is located with state funding is responsible for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian: _____

Date: _____

Census

The following information is used only for the Archdiocese Census and federal and/or state government requests for demographic data. This information is held in strict confidence and will not be disclosed to any other agencies.

Ethnicity

- Asian
- Black
- Caucasian
- Hispanic
- Multiracial
- Pacific Islander

Faith Community

- Baptist
- Catholic
- Episcopalian
- Hindi
- Hindu
- Jewish
- Lutheran
- Methodist
- Muslim
- Pentecostal
- Presbyterian
- Other _____

Student's Name _____

Please Print

Saint Aloysius Elementary Academy

Student Health History Record

Name: _____ Date of Birth: _____
 Address: _____ Sex: _____
 _____ Grade: _____
 Phone (H): _____ Cell #: _____

School Attended Previously (if applicable): _____

Parent or Legal Guardian Name: _____ Employer: _____
 Father: _____
 Mother: _____

Medical History: Please indicate if your child has had any of the following:

Allergies: _____	Ear Infections: _____	Pneumonia: _____
Asthma: _____	Eye Trouble: _____	Rheumatic Fever: _____
Behavior Problem: _____	Heart Disease: _____	Scarlet Fever: _____
Chicken Pox: _____	Hepatitis: _____	Strep Infections: _____
Convulsive Disorders: _____	Injuries: _____	Tonsillitis: _____
Diabetes: _____	Lyme Disease: _____	Surgery: _____
Drug Sensitive: _____	Mononucleosis: _____	

Does your child have an allergy that requires the use of an Epipen? _____

If so, what is the allergy? _____

**** ATTACH A COPY OF IMMUNIZATION RECORD FROM PHYSICIAN ****

New Requirements as of September 2008:

Preschool Students: Annual Flu Vaccine: _____ Pneumoccal Vaccine: _____

Students Entering 6th Grade: Pertussis Booster: _____ Meningitis Vaccine: _____

Tuberculin Test (Mantoux): _____ **Chest X-Ray:** _____
 Date: _____ Result: _____ Date: _____ Result: _____

If your child is presently receiving care for any physical condition or takes medication on a regular basis, please note:

Please feel free to contact the school nurse if you have any questions or to discuss/share information regarding your child's health.

Date: _____ Signature: _____
Parent or Legal Guardian