



# ST. NICHOLAS OF TOLENTINE CATHOLIC ACADEMY

80-22 Parsons Blvd, Queens NY 11432 | 718.380.1900 | sntschoolny.org

*We Exist for Our Children*



**Mr. Robert J. Lowenberg, Principal**

## APPLICATION FOR ADMISSION

STUDENT PERSONAL INFORMATION		
Entering Grade	Starting Year	Social Security Number
Student's First Name / Middle Name / Last Name		
Date of Birth	Country of Birth	Gender (circle) Male      Female
Home Street Address / City / State / Zip		Home Phone Number
Languages Spoken at home		
Ethnicity * <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> American Indian / Native American    Other: _____    Hispanic Y / N _____		
PARENT / CONTACT INFORMATION		
Father's Last Name / First Name		
Father's Mobile/Text Number		
Father's Employer	Father's Work Number	
Father's Email Address (please print clearly)		
Mother's Last Name / First Name		
Mother's Mobile/Text Number		
Mother's Employer	Mother's Work Number	
Mother's Email Address (please print clearly)		
Emergency Contacts's Last Name / First Name		
Emergency Contacts's Mobile/Text Number		
Emergency Contacts's Relation to the Child		

**Please complete all information on both sides of this form.**

SACRAMENTAL INFORMATION – * If child is Catholic	
Name and Address of Church of Baptism	Date of Baptism
Name and Address of Church of Penance	Date of Penance
Name and Address of Church of Communion	Date of Communion
Name and Address of Church of Confirmation	Date of Confirmation
Name and Address of Current Parish Affiliation	Church Envelope Number
RELIGIOUS INFORMATION – * If child is not Catholic	
Child's Religion	

SIBLING INFORMATION	
Brother/Sister Name	Date of Birth

PREVIOUSLY ATTENDED SCHOOLS	
Name and Address of Previous School Attended	Grade
Name and Address of Previous Schools Attended	Grade
**Does your child have a current Individual Education Plan (I.E.P.) or 504? _____ If yes, please submit copies.	

Please indicate how you first learned about St. Nicholas of Tolentine Catholic Academy:

\_\_\_ Ad Newspaper Name \_\_\_\_\_

\_\_\_ Referred by Name of Contact \_\_\_\_\_

\_\_\_ School Website \_\_\_ Internet Search \_\_\_\_\_ Other \_\_\_\_\_

*I agree that if accepted into St. Nicholas of Tolentine Catholic Academy, I will pay all tuition and fees in a prompt manner while my child is in attendance.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_