



# ST. NICHOLAS OF TOLENTINE CATHOLIC ACADEMY

80-22 Parsons Blvd, Queens NY 11432 | 718.380.1900 | sntschoo1ny.org

*We Exist for Our Children*



**Ms. Sharon Swift, Principal**

## APPLICATION FOR ADMISSION

STUDENT PERSONAL INFORMATION		
Entering Grade	Starting Year	Gender (circle) Male          Female
Student's First Name / Middle Name / Last Name		
Date of Birth	Country of Birth	Citizenship US ____ Other _____
Home Street Address / City / State / Zip		Home Phone Number
Languages Spoken at home		Child's Primary Language
<b>Race:</b> ____ White ____ Black ____ Asian ____ Native Hawaiian / Pacific Islander ____ American Indian/Native American <b>Ethnicity:</b> 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)		
<b>**MANDATORY**Emergency Contact's Last Name/First Name</b>		
Emergency Contact's Mobile/Text Number		
Emergency Contact's Relation to Child		

**SACRAMENTAL INFORMATION \* If child is Catholic**

Name and Address of Current Parish Affiliation	Church Envelope Number
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

**RELIGIOUS INFORMATION \* If child is not Catholic**

Child's Religion \_\_\_\_\_

**SIBLING INFORMATION**

Brother/Sister Name _____ _____	Date of Birth _____ _____
St. Nicholas Student ___Yes ___No	

**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/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_