



APPLICATION FORM

East Shoreline Catholic Academy (ESCA)
62 Cedar St., Branford, CT 06405 | 203-488-8386

For Office Use Only	
Date Received	
Fee Paid	
Check #	

GENERAL INFORMATION: A non-refundable application fee of \$50 per child must accompany this form. Checks should be made payable to the East Shoreline Catholic Academy. Application forms must be filled out completely. **A copy of student's Birth Certificate must accompany this form. If Catholic, a copy of your child's Baptismal certificate should also accompany this completed application form.**

Student Information:

Last Name	First Name	Middle	Nickname

Student Home Address:

Street		City	State	Zip
Home Phone		Family Email Address		
Date of Birth		Birthplace (City, State, Country)		Grade Applying to
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Is Student a U.S. Citizen? Yes <input type="checkbox"/>		No <input type="checkbox"/>
Child lives with: Both Parents <input type="checkbox"/>		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other Individual <input type="checkbox"/>
If "other individual," please indicate Name			Relationship to child	

Father/Guardian Information:

(Mr./Dr.)	First Name	Last Name		
Address if different		City	State	Zip
Home Tel. # if different		Work Tel. #	Cell #	
Occupation		Employer	Email Address	
Custodial Parent		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please name custodial parent:

Mother/Guardian Information:

(Ms./Dr.)	First Name	Last Name		Maiden
Address if different		City	State	Zip
Home Tel. # if different		Work Tel. #	Cell #	
Occupation		Employer	Email Address	
Custodial Parent		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please name custodial parent:

Other children in family:

Name	Age	Grade	School attending

Please specify if a language other than English is spoken at home:			
How did you hear about this school?	Website <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Friends/Family <input type="checkbox"/>
Other (please specify)			

Federal guidelines require us to record the Race/Ethnicity of every child. You must answer the following question and then indicate your race. Hispanic is considered an ethnicity and not a racist group.

Hispanic/Latino <input type="checkbox"/>	American Indian <input type="checkbox"/>	Alaska Native <input type="checkbox"/>	Black/African American <input type="checkbox"/>	Hawaiian Native/Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>
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Religious Information:

Religion of: Student	Father	Mother	Guardian
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If Catholic, please list the parish(es) or church your family is registered with or regularly attends:

Parish/Church	Town	
If Catholic, does your family contribute to your parish via the envelope system? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Catholic, please provide the following information concerning the applicant:		
Baptismal Date	Name of Church	Town, State
First Communion Date	Name of Church	Town, State
Confirmation Date	Name of Church	Town, State
If not Catholic, please note denomination		

Academic Background: Please list all schools the registrant has previously attended.

School Attended	Grade Completed	List Years Attended	Reason for Leaving

Has your child ever been expelled or refused admission or readmission by any school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state the name of the school, and the reason for the action.		
Has your child ever received or been evaluated for Special Education Services in a private or public setting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please identify below who did the evaluation, and provide a brief description of the services required and the services provided:		
Has your child ever undergone psycho-educational testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a brief description of the testing done.		
Name and Address of the tester		

Busing Information:

Will your child require busing?	No <input type="checkbox"/>	Yes: A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	Both <input type="checkbox"/>
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I hereby give East Shoreline Catholic Academy the right to contact any previously attended school in regards to the recent enrollment of my child. I hereby authorize said school to supply any and all information requested. I release all persons, companies and corporations supplying and receiving such information to East Shoreline Catholic Academy, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including this application form is true. I understand that if it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion.

Parent or Guardian Signature
Date

Parent or Guardian Signature
Date