



NATIVITYMIGUEL SCHOOL OF SCRANTON

(Lower Level of Temple Hessed)

1 Knox Road
Scranton, PA 18505
570-955-5176

2017-2018 5th/6th GRADE APPLICATION FOR ADMISSION

NativityMiguel School of Scranton is a tuition-free, independent Catholic, middle school for boys and girls. The school challenges students to achieve academically, realize their God-given talents, and become leaders who serve their families, community and society. The school provides a holistic education in a safe, peaceful, and structured environment. Classes are taught in a co-ed environment with a capacity of 15-18 students. We are not able to accept students with an IEP or special education needs.

Completed applications should be mailed to:

NativityMiguel School of Scranton
1 Knox Road
Scranton, PA 18505
Attn: Neil A. Cronin, Principal

CHECKLIST:

- Completed and Signed Application for Admission
 - Including copy of most recent tax forms (1040 or 1040A)
- Signed Release of Records Form
- Recommendation from current teacher
- School Transcripts, including:
 - Most Recent report card (from current academic year)
 - Final report card and standardized test scores from previous school year

School Use Only:

Date application received:

Received by:



APPLICATION FOR ADMISSION

DATE: _____

STUDENT INFORMATION:

Student's First Name	Student's Last Name	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Date of Birth: (month/day/year)	
City, State, Zip Code		How long has the student lived at this address?	
Mailing address (if different):			
Current School:		Does the student qualify for free and reduced meals at his/her school? <input type="checkbox"/> FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> NEITHER <input type="checkbox"/> I DON'T KNOW	
List all schools attended from 1 st grade until present. Indicate the grade(s) attended at each school.			
How did you hear about NativityMiguel School of Scranton? Please be specific.			

Policy of Non-Discrimination

NativityMiguel School of Scranton admits students of any race, religion, color, nationality, and ethnic origin to all rights, privileges, programs and activities generally accorded or made available at the school. NativityMiguel School of Scranton does not discriminate on the basis of race, religion, color, nationality or ethnic origin in the administration of its educational policies and scholarship, athletic, or other school-administered programs.

FAMILY INFORMATION:

Must include all known information, regardless of current contact.

MOTHER	FATHER	Guardian (Relationship to student)
Name:	Name:	Name:
Address:	Address:	Address:
Occupation:	Occupation:	Occupation:
Employer:	Employer:	Employer:
Position:	Position:	Position:
Highest Level of Education:	Highest Level of Education:	Highest Level of Education:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Work Phone:	Work Phone:	Work Phone:
Email address:	Email address:	Email address:

Check if appropriate:

<input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <input type="checkbox"/> Parents separated <input type="checkbox"/> Parents divorced	With whom does the student primarily reside: Check all that apply. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (Relationship to student) _____	Is the student applying a foster child? Yes _____ No _____	Are there foster children (one or more) living in the household? Yes _____ No _____
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Siblings and dependents living at home (not parents). Include step-siblings and other dependents.	AGE	GRADE	School (if applicable)

PARENT QUESTIONNAIRE:

Answers to these questions on their own will not disqualify a student from being considered for admission. The more complete our information about each student, the better we can serve our students.

Does your child suffer from any serious illness, disability, physical or emotional limitations, depression or other mental illness?

- Yes. Please explain: _____
- No.

Does your child take any prescription medication?

- Yes. Please explain: _____
- No.

Does your child exhibit hyperactivity or attention deficit disorder?

- Yes. Please explain: _____
- No.

Has your child experienced significant behavioral struggles?

- Yes. Please explain: _____
- No.

Has your child skipped or repeated a grade?

- Yes. Please explain: _____
- No.

Is your child enrolled in counseling at school or another facility?

- Yes. Please explain: _____
- No.

Why do you want your child to attend NativityMiguel School of Scranton? Please explain any special circumstances that make this child particularly deserving or in need of education at NativityMiguel School of Scranton. You may attach another sheet of paper if needed. _____

FINANCIAL STATEMENT:

Students admitted to NativityMiguel School of Scranton will receive a full scholarship to attend the school, with the parents/guardians responsible for a \$150 (includes \$50 technology fee). NativityMiguel School of Scranton follows the Federal Free and Reduced Meal standards and the Financial Statement as guidelines for the financial requirements we have for admissions. As part of the Financial Statement, please submit the most recent tax return (form 1040 or 1040A) with this application.

NOTE: Any falsified information will result in the termination of the application and/or enrollment.

Student Name: _____

Parent/Guardian Completing form: _____

Total number of people in household: _____

Household Names List names of <u>ALL</u> household members, including children.	Earnings from work before deductions. Do not include overtime or bonuses.		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits, Disability		All other income		Check if NO income
	Income	How often*	Income	How often*	Income	How often*	Income	How often*	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

*How often options include: Annually, Monthly, Every 2 weeks, Twice a month, Weekly

ASSET REPORT

Current amount of cash, savings, checking, NOW accounts and certificates of deposit (do not include tax-deferred retirement accounts such as an IRA) \$ _____

Current market value of stocks, bonds, mutual funds, money market accounts (do not include tax-deferred retirement accounts) \$ _____

If you own your own home
What was the cost? \$ _____

What year was it purchased? _____

What is the fair value today (estimate)? _____

If you own one or more vehicles:	<i>Vehicle 1</i>	<i>Vehicle 2</i>	<i>Vehicle 3</i>
How much did it cost?	_____	_____	_____
Year/Make/Model	_____	_____	_____
How much do you owe?	_____	_____	_____

CASE NUMBER

If applicable, give the Food Supplement Program or TCA case number for household

TAX RETURNS

I understand as part of the Assets Disclosure and Financial Statement, I need to submit the most recent tax return (form 1040 or 1040A) with this application.

Initial: _____

SPECIAL FINANCIAL CIRCUMSTANCES

Occasionally, families anticipate special financial circumstances. If so, please provide a brief description of any significant changes in income, expenses or financial condition expected during this coming school year, or other information (such as funds in restricted trust) you would like considered when eligibility is being determined. You may attach an additional sheet if needed.

IMPORTANT NOTE

It is my understanding that NativityMiguel School of Scranton is an academically challenging school with an extended day and year and a required code of conduct, attendance, and dress. I understand that full participation of students, as well as full participation of parents/guardians, is necessary in order for students to be successful at NativityMiguel School of Scranton.

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that falsification of information will result in the termination of the application and/or enrollment.

Student signature _____

Date _____

Parent/Guardian signature _____

Date _____

Emergency Contact Information:

Person(s) to be contacted in case of emergency: List at least two, must be local and from separate households and preferred number.

NAME	RELATIONSHIP	HOME	CELL	WORK