



Application For Admissions

Steps *(All steps must be completed before a student can be admitted)*

1. Complete Application Packet
2. 2019 Tax Return (1040 or 1040A)
3. Recent report card
4. Complete an interview and test

For preferred admissions, applications are due by February 15th

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Age: _____

Grade applying for: _____ Gender: M F Phone Number: _____

Street Address: _____ City: _____

State _____ Zip Code _____

Language(s) spoken by the parent(s)/guardian(s) _____

FINANCIAL STATEMENT

NativityMiguel School of Scranton serves students who have financial need. All students who attend the school receive a full scholarship, provided by the generous support of our donors. Therefore, family income is an important factor considered during the admissions process. All financial information is kept confidential and viewed only by the admissions committee.

Financial eligibility is determined based upon the federal income guidelines provided by the National School Lunch Program.

Number of dependents in family _____ Annual family income (from all sources) _____

Amount of Child Support or other financial support received _____

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 you would like considered when eligibility is being determined.

How did you hear about NativityMiguel School of Scranton? Please be specific.

Siblings and dependents living in the home (not parents)

Name _____ Age ___ Grade ___ School _____

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List all schools attended from 1st grade until present. Indicate the grade(s) attended at each school.

School _____ Grade(s) _____

School _____ Grade(s) _____

School _____ Grade(s) _____

School _____ Grade(s) _____

Is there an illness or disability which may affect the student’s studies or participation in school activities?

Yes ___ No ___

If yes, please explain.

Does the child currently receive IEP, 504, or special education services at the school he/she now attends?

Yes ___ No ___

If yes, please explain the services provided.

Please indicate below if your child receives any of the following school related support services.

___ Counseling (in school)

___ Title 1 Remedial Reading

___ Counseling (outside of school)

___ Resource Room

___ Speech/language therapy

Other _____

___ ESL (English as a Second Language)

___ Title 1 Remedial Math

If you have selected yes for any of the above, please identify the supportive support provider(s).

STUDENT QUESTIONNAIRE

(All answers must be written by the student)

Why do you wish to attend NativityMiguel School of Scranton?

List any activities, sports, interests, and hobbies in which you currently participate.

PARENT QUESTIONNAIRE

As parents, you best know your student’s academic strengths and weaknesses. By answering the questions below openly and honestly, you will help us to ensure that we provide your child with the best possible education.

Why do you want your child to attend NativityMiguel School of Scranton?

Please describe any specific circumstances that have affected your student’s performance in school, such as an illness or physical disability, learning difficulties, or family circumstances. Please include documentation concerning any special testing your child may have had.

PARENT/GUARDIAN STATEMENT OF INTENT

It is my understanding that NativityMiguel School of Scranton is an academically challenging school with a mandatory extended day program and a summer program, a required code of conduct, dress code, and academic and attendance requirements. 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 understand that parent(s)/guardian(s) are required to pay a minimal yearly fee and to support the school through volunteer activities.

I understand that the school will readmit each year only those students whose record of academic progress, attendance, and personal behavior is satisfactory, and whose parent(s)/guardian(s) have demonstrated commitment to the goals of the school.

I affirm that the information on this application is true. Omissions or false statements will result in this application being void and/or the child losing his or her scholarship to the school.

Parent/Guardian Name (printed) _____

Signature _____ Date _____

Parent/Guardian Name (printed) _____

Signature _____ Date _____

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 program.

NEXT STEPS

Thank you for applying to NativityMiguel School of Scranton.

Applications submitted prior to February 15th will be reviewed by the admissions committee and acceptance decisions will be made. Applications received after February 15th will be considered on a rolling admissions basis. If additional information is needed, you will be contacted by school administration.