

**ST. ANDREW'S COUNTRY DAY SCHOOL**

1545 SHERIDAN DRIVE

KENMORE, NEW YORK 14217

MAIN OFFICE: TELEPHONE 877-0422 FAX 877-3973

[www.standrewscds.org](http://www.standrewscds.org)

**APPLICATION FOR ADMISSION**

Thank you for your interest in St. Andrew's Country Day School. All applications for admission are required to have the child's Original Birth Certificate submitted with the registration form. The birth certificate will be copied in the main office and returned to the parent or guardian. If you have your child's baptismal certificate please submit a copy to the office also. Please complete both sides of this form.

All registration forms, school records including testing, birth certificates, baptismal certificates, and legal or custody documents are required before acceptance to St. Andrew's Country Day School. Medical forms including immunization information are required before school begins in September. Records will be reviewed by the Principal before the decision of final acceptance is made.

Family Name \_\_\_\_\_ Parish \_\_\_\_\_ School Currently Attending \_\_\_\_\_ School District \_\_\_\_\_

Child's Full Name (Last, First, Middle) \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ Date of Entry in U.S. \_\_\_\_\_ Religious Affiliation \_\_\_\_\_ Parish \_\_\_\_\_

\* If your child is entering Pre-kindergarten 3 or Pre-kindergarten 4 please check days and times below:

Pre-Kindergarten 3 \_\_\_\_\_ Monday , Wednesday , Friday \_\_\_\_\_ A.M. \_\_\_\_\_ or \_\_\_\_\_ Full Day \_\_\_\_\_  
Pre-Kindergarten 3 \_\_\_\_\_ Full Week (5 Days) \_\_\_\_\_ A.M. \_\_\_\_\_ or \_\_\_\_\_ Full Day \_\_\_\_\_  
Pre-Kindergarten 4 \_\_\_\_\_ \* Full Week (5 Days) \_\_\_\_\_ A.M. \_\_\_\_\_ or \_\_\_\_\_ Full Day \_\_\_\_\_ \* Half Day (5 Days) \_\_\_\_\_ A.M. \_\_\_\_\_ or \_\_\_\_\_ Full Day \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Is there Legal Documentation that should be on file in the office (custody papers or restrictions) \_\_\_\_\_

\*\* **ALERTS:** If Yes to restrictions or legal restraints – Please Attach A Note With Restrictions and/or Any Legal Documentation

**Parent/Guardian Information**

Mother: \_\_ Mrs. \_\_ Ms. \_\_ Miss \_\_ Single \_\_ Married \_\_ Divorced \_\_ Deceased \_\_ Remarried

Father: \_\_ Single \_\_ Married \_\_ Divorced \_\_ Deceased \_\_ Remarried

\_\_\_\_\_  
Last Name First Name Maiden Name Relationship to Child Religion

\_\_\_\_\_  
Last Name First Name Relationship to Child Religion

\_\_\_\_\_  
Home Address Street Zip ( ) - \_\_\_\_\_ Home Phone

\_\_\_\_\_  
Home Address Street Zip ( ) - \_\_\_\_\_ Home Phone

\_\_\_\_\_  
( ) - \_\_\_\_\_ Work Number & Extension ( ) - \_\_\_\_\_ Cell Phone

\_\_\_\_\_  
( ) - \_\_\_\_\_ Work Number & Extension ( ) - \_\_\_\_\_ Cell Phone

\_\_\_\_\_  
Name of Employer & Occupation Employer's Address

\_\_\_\_\_  
Name of Employer & Occupation Employer's Address

Mother's E-mail Address \_\_\_\_\_

Father's E-mail Address \_\_\_\_\_



## Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

( )

Area Code Home Phone

Work / Cell Phones

( )

Area Code Home Phone

Work / Cell Phones

Address

Address

City

State

Zip Code

City

State

Zip Code

### Alternative Emergency Contacts

Primary Emergency Contact & Relationship to Child

Secondary Emergency Contact & Relationship to Child

Area Code Home Phone

Work / Cell Phones

Area Code Home Phone

Work / Cell Phones

Address

Address

City

State

Zip Code

City

State

Zip Code

### Medical Information

Hospital/Clinic Preference

Address

City

State

Zip

Physician's Name

Phone Number

Child's Name

Allergies/Special Health Considerations/Medications

Child's Name

Allergies/Special Health Considerations/Medications

Child's Name

Allergies/Special Health Considerations/Medications

I give permission for the school nurse to share any pertinent health information regarding my child / children on a need to know basis at St. Andrew's Country Day School.

Parent's/Guardian's Signature

Date