



La Salle Academy

440 Holland Street
Shillington, PA 19607 • 610-777-7392

Student Application

TO BE COMPLETED BY PARENT OR GUARDIAN

Application for Grade (please circle): PS3 PK4 K 1 2 3 4 5 6 7 8

Student Info _____
Last Name First Name Middle Name

Primary Address _____
Street City State Zip

Gender: ___ Male or ___ Female Age _____ Ethnic Background/Race _____

Date of Birth _____ Place of Birth _____
City State Country

School Applicant Currently Attends _____ Current Grade _____

Applicant's Religion _____ If Catholic, the applicant has received:

Baptism _____ 1st Penance _____ 1st Communion _____ Confirmation _____

*If received, please put dates on the lines next to the Sacraments listed above.

Please submit certificates for any Sacraments received, if NOT at Church of Saint Benedict or St. John Baptist de la Salle.

What is the name of the parish you attend and support? _____

MOTHER / STEPMOTHER / GUARDIAN

(Please circle one of the above)

Last First

Address _____
(if different than primary address above)

City/State _____ Zip _____

Mobile Phone # _____
(Including for emergency text messages)

Email _____

Status (circle one) Married / Single / Divorced / Deceased

Religion _____

Occupation _____

Employer _____

Work Phone _____

US Citizen Yes _____ No _____

Emergency contact name & number _____

FATHER / STEPFATHER / GUARDIAN

(Please circle one of the above)

Last First

Address _____
(if different than primary address above)

City/State _____ Zip _____

Mobile Phone # _____
(Including for emergency text messages)

Email _____

Status (circle one) Married / Single / Divorced / Deceased

Religion _____

Occupation _____

Employer _____

Work Phone _____

US Citizen Yes _____ No _____

If parents are separated or divorced, who has legal custody of the applicant? _____

(Please provide any legal documentation that the school should have concerning any custody issues in your family.)

Who does the child reside with? _____

Who is responsible for tuition and fees? _____

Who should receive all school correspondence? _____

Language other than English spoken at home? _____ No _____ Yes (Please specify _____)

Other siblings? _____ No _____ Yes

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

Previous Schooling (list all schools previously attended, Preschool thru current year)

Grade _____ Name of school _____

Public School District in which you reside: _____

Will your child require bus transportation? _____ No _____ Yes

Has child received specialized educational testing? _____ No _____ Yes

If Yes, please explain) _____

Does child currently have an IEP? _____ No _____ Yes

Has child received specialized services? _____ No _____ Yes

Reason(s) for applying to La Salle Academy _____

How did you learn about La Salle Academy? _____ Website _____ Parish Bulletin _____ Other

If Other, please explain) _____

Did another family direct you to LSA? If so, who? _____

You will receive notification once your application is approved. The next step in completing your enrollment will be to submit the following:

_____ Copies of Students Birth Certificate

_____ Baptismal Certificate, if applicable

_____ Immunizations and Child Health Reports

My signature below confirms that I have represented accurately my family and child on this application.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____