Saint Monica School
212 Lawrence Street, Methuen, MA 01844
PHONE: (978) 686-1801 * FAX: (978) 686-3582
EMAIL: smsoffice@methuencatholic.org

APPLICATION FORM – for School Year starting September _____

Date of Application:_____ M/F:_____ Grade Applying For:_____

Student Name:_____
(First) (Middle) (Last)
Address:_____
(Street) (City/Town) (Zip)
Home Telephone #_____

Date of Birth:_____ Place of Birth:_____

Child's Religion:_____ Church:_____

Date of Baptism:_____ Church:_____City/Town:_____

Date of Communion:_____ Church:_____City/Town:_____

IMPORTANT: Please check one each for Ethnicity and Race

Ethnicity (Please check one): ____**Hispanic** ____**Non-Hispanic**

Race (Please check one): __Amer. Indian __African American __ Asian __White __ Multi-Racial __Native Haw/Other Pacific Islander

Parent/Guardian Information

Marital Status (Circle One): Married Single Separated Divorced Widowed

Father's Name:_____
(First) (Middle) (Last))
Address:_____
(Street) (City/Town) (Zip)
Place of Birth:_____ Religion:_____

Employer:_____ Occupation:_____

Work Phone:_____ Cell Phone:_____

Email Address:_____

Mother's Name:_____
(First) (Middle) (Last) (Maiden)
Address:_____
(Street) (City/Town) (Zip)
Place of Birth:_____ Religion:_____

Employer:_____ Occupation:_____

Work Phone:_____ Cell Phone:_____

Email Address:_____

Application Fee of $50 is required with application.
All application fees are NON-REFUNDABLE.

APPLICATION CONTINUED ON REVERSE SIDE – PLEASE TURN OVER

APPLICATION FORM (PAGE 2)

Student Name:_____
(First) (Middle) (Last)

Transferring From (School/Preschool Name if applicable):_____

School Address:_____
(Street) (City/Town) (Zip)

Please share your reasons for choosing Saint Monica School:

_____
_____
_____
_____

Is your child on a 504 plan? _____Yes _____No. If yes, **please provide copy of plan.**

Is your child on an IEP plan? _____ Yes _____No. If yes, **please provide copy of plan**.

If your child is not on a 504 or IEP but has been evaluated, please provide a copy of that evaluation.

I hereby grant permission for Saint Monica School to verify any and all information contained in any document in my child's application. I understand my child's present school will be contacted, and I consent to this contact. I also understand that the failure to provide information regarding my child's 504 or IEP plan will impact my child's provisional acceptance at St. Monica School because we have limited special education resources available.

Preference is given first to siblings and then to parishioners who have been contributing members of Saint Monica/St. Lucy Parish for two years prior to the start of your child's school year.

_____Sibling _____Parishioner for two years

Please share with us how you learned about St. Monica School: _____

_____
_____
_____

FOR PRESCHOOL APPLICATIONS ONLY:

Our Pre-K3 classes and PK-4 classes meet 5 days per week. We no longer have a 3 day program.

MANDATORY: ALL CHILDREN ATTENDING PRESCHOOL MUST BE FULLY POTTY TRAINED. (That incudes being able to clean themselves.)

____My child is fully potty trained ____My child is not fully potty trained

Please note: Parents desiring their child to receive First Holy Communion with the St. Monica School second grade class, should have their child baptized before they enter second grade. After the age of seven, the child will be required to attend the RCIC (rite of Christian Initiation for Children) Program before they can be Baptized and receive First Holy Communion.

I certify the information on this application is correct to the best of my knowledge.

For parents of students in Grades K-8 only:

___I have applied for financial aid ___I will be applying for financial aid ___I will not be applying for financial aid

St. Monica School Mission Statement

St. Monica School provides a strong, faith-centered Catholic foundation and provides opportunities for all students to achieve their potential in an inclusive, collaborative, and family-oriented community.

Parent/Guardian Name: _____

Signature: _____

Address: _____
(Street) (City/Town) (Zip)