

SAINT BASIL ACADEMY

79 ST.BASIL ROAD GARRISON, NY 10524
845-424-3500

Student Application Form

Name of Person Completing this Form: _____

Telephone #: _____ E-Mail- _____

What is your relationship to the child? _____

Name of Parish Priest: _____

Name of Parish: _____

Address: _____ City: _____

State: _____ Telephone#: _____ E-Mail- _____

Student Information

Child's Name: (Last) _____ Middle) _____ (First) _____

Male: _____ Female: _____ Date of Birth:(MM/DD/YY) _____

Age at Application: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone#: _____

Place of Birth _____

American Citizen?: Yes _____ No _____ Permanent resident of USA ? Yes _____ No _____

If no, a citizen of: _____

Visa: _____ Type: _____

Date of arrival in the USA(MM/DD/YY) _____

Social Security Number: _____

Please attach a birth certificate with a raised seal

Religion: _____

Date of Baptism:(MM/DD/YY) _____ Place of Baptism: _____

Reason for Referral: (please check all that apply)

____ Death of a Parent

____ Parental Drug Abuse

____ Domestic Violence : Physical _____ Emotional _____ Abuse _____ or Neglect _____

____ Poverty or Financial Hardship

____ Abandonment

