



### **ADMISSION POLICIES – FIRST GRADE**

1. Applicant **MUST** be **SIX YEARS OLD** by **December 31, 2017**.
2. Applicant **MUST** be capable of dressing and undressing himself/herself
3. Applicant **MUST** be capable of taking care of his/her own personal needs.  
**All necessary documents and papers must be completed and brought to school at the time of registration.**

### **REGISTRATION PROCEDURE**

1. Complete the attached application form at home.
2. Bring the following when you come to register: **Please bring an interpreter with you if you do not speak English.**
  - a. Completed application form
  - b. Child's birth certificate
  - c. Child's Baptismal certificate (even if baptized in another religion)
  - d. Child's immunization card
  - e. **Medical History Form – This form will be given to you upon registration.**  
It must be fully completed by your family physician or Clinic (child must be completely immunized against DPT, Polio, Measles-Rubella, Mumps and Chickenpox. Your child must also have received the HIB and HB (Hepatitis B) inoculations. **ALL students entering school who were born on or after January 1, 1985 MUST HAVE A SECOND DOSE OF MEASLES.** This form is to be completed and returned to the school by **March 4, 2017.**  
**Students entering Grades 6, 7, 8 must have a Tdap immunization.**  
**If this form is not completed, your child WILL NOT be able to attend Classes in September.**

### **REGISTRATION DATES:**

**Monday, January 30<sup>th</sup> through Friday, February 3<sup>rd</sup> daily 9:30 – 11 A.M.**  
**CHILD MUST ACCOMPANY PARENT AT REGISTRATION**

**Registration, Material and Technology fees are due at the time of registration.**

**BOTH REGISTRATION AND FIRST MONTH'S FEE ARE NON-REFUNDABLE**

Upon entrance to school, each student is helped in every way to succeed. However, the school reserves the right to suspend or dismiss a student in the instances of prolonged unsatisfactory record in scholarship or attendance, violation of major school rules, and parental failure to cooperate with the school or to maintain the agreed schedule of payment.

*Notre Dame Catholic Academy of Ridgewood*

**GRADE 1**

**SEPTEMBER 2017**

**PLEASE PRINT**

**PLEASE PRINT**

**REGISTRATION DATE** \_\_\_\_\_

**STUDENT** \_\_\_\_\_ **MALE** \_\_\_\_\_  
**FEMALE** \_\_\_\_\_

**LAST NAME** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOUSE NUMBER** \_\_\_\_\_ **STREET** \_\_\_\_\_ **TOWN** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

Mail should be addressed to: (Name) \_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**Date of U.S. Entry:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**RELIGION** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**BAPTISM** \_\_\_\_\_

**CHURCH** \_\_\_\_\_ **LOCATION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRESENT PARISH/CHURCH**  
**YOU ARE ATTENDING** \_\_\_\_\_

**CHURCH** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**CHURCH ENV. #** \_\_\_\_\_ **LANGUAGE SPOKEN IN**

**LANGUAGE OF STUDENT** \_\_\_\_\_ **THE HOME** \_\_\_\_\_

**PRE-KGN/KINDERGARTEN SCHOOL** \_\_\_\_\_

**FATHER** \_\_\_\_\_

(GUARDIAN) **LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**RELIGION** \_\_\_\_\_ **LIVING** \_\_\_\_\_ **DECEASED** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**MOTHER** \_\_\_\_\_

(GUARDIAN) **MARRIAGE NAME** \_\_\_\_\_ **MAIDEN** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**RELIGION** \_\_\_\_\_ **LIVING** \_\_\_\_\_ **DECEASED** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**PLEASE LIST NAME AND DATE OF BIRTH OF EACH OF YOUR CHILDREN.**

**NAME**

**DATE OF BIRTH**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Notre Dame Catholic Academy of Ridgewood*

62-22 61<sup>st</sup> Street, Ridgewood, N.Y. 11385

Tel. (718) 821-2221 • Fax (718) 821-1058

[www.notredamecatholicacademy.com](http://www.notredamecatholicacademy.com)



**PARENTAL REGISTRATION AGREEMENT**

As the parent/guardian of \_\_\_\_\_ Grade \_\_\_\_\_

***I agree to:***

- 1. Support the philosophy, rules and regulations of Notre Dame Catholic Academy.***
- 2. For those of you who are Catholic, encourage your children to live their faith, particularly by attending Mass and receiving the Sacraments.***
- 3. All Non-Catholic students will have Religion as a subject.***
- 4. Attend regular Parent-Teacher Conferences.***
- 5. Pay the annual tuition, make tuition payments on time and participate in our mandatory fundraisers (2 Candy Sales and 2 Lottery Calendars.)***
- 6. Actively support fundraising events since my tuition does not fully pay for my child/children's education.***
- 7. Support the Administration and Faculty's decisions.***
- 8. The school reserves the right to suspend or dismiss a student in the instances of prolonged unsatisfactory record in scholarship or attendance, violation of major school rules, and parental failure to cooperate with the school or to maintain the agreed schedule of payment.***

*Mrs. Maria Cuomo*

**Mrs. Maria Cuomo  
Principal**

***I realize that I am expected to abide by the terms of this agreement. If for any reason, I am unable to do so, I am required to make an appointment and meet with the principal.***

**PARENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_**