



SOUTHERN TIER CATHOLIC SCHOOL ARCHBISHOP WALSH ACADEMY

208 North 24th Street Olean, New York 14760 Phone (716) 372-8122 Fax (716) 372-6707



2018-2019 New Student Admission Application

***A non-refundable \$75 registration fee is required for all new students**

Today's date: _____

Student #1 Name: _____ Date of Birth: _____ Gender: ___M___ F

City, State, & Country of Birth _____ Entering Grade: _____ School Year: _____

Student #2 Name: _____ Date Of Birth: _____ Gender: ___M___ F

City, State, & Country of Birth _____ Entering Grade: _____ School Year: _____

Student #3 Name: _____ Date of Birth: _____ Gender: ___M___ F

City, State, & Country of Birth _____ Entering Grade: _____ School Year: _____

Student's Current School: _____ Public School District: _____

Student's Previous School(s): _____

Religion/Parish _____

FAMILY INFORMATION

Mother's Name: _____
Title, First Name, Last Name

Father's Name: _____
Title, First Name, Last Name

Address: _____
Number/Street City State Zip

If one parent resides at a different address, please specify:

Name Number/Street City State Zip

Student resides with: _____

Home phone: _____ Mother's Cell: _____ Father's Cell: _____
(Is this number unlisted?) ___Y___ N

Mother's email: _____ Father's email: _____



Archbishop Walsh Academy is an International Baccalaureate World School

Are parents Walsh alumni? Father's Name: _____ Year: _____

Mother's Name (incl. Maiden): _____ Year: _____

Parent Employment Information

Parent(s) Full Name	Place of Employment (Company's name & full address)	Position	Business Telephone	Ext.

Are you applying for Financial Aid? ___ Yes ___ No

<p>MONTESSORI PROGRAM options for children ages 3-5yrs (select number of days and circle days of the week that child will attend)</p> <p>____ 5 Full Days ____ 5 Half Days ____ 4 Full Days (M, T, W, Th, F) ____ 4 Half Days (M, T, W, Th, F) ____ 3 Full Days (M, T, W, Th, F) ____ 3 Half Days (M, T, W, Th, F) ____ Early morning drop-off at 7:00am ____ After Care program runs until 5:30pm (add'l cost of \$7 per day)</p> <p><small>*Financial Aid is not available for the Montessori Program. If there are more applicants than space available please note there will be a preference given to 5 full day and 5 half day applications, currently enrolled Montessori students, and STCS/Walsh families.</small></p>	
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Signature of Parent/Guardian Date Signature of Parent/Guardian Date

Emergency Contact Information:

Physician Name: _____ Phone Number: _____

Daily Medications: _____

Alternative Emergency Contact: Name, phone number, address and relationship of TWO people with WHOM YOU HAVE ARRANGED to take the responsibility of your child/ren in case of any emergency and you cannot be reached:

1: Name: _____ Relationship: _____ Phone #(s) _____

2: Name: _____ Relationship: _____ Phone #(s) _____

Any additional emergency info: _____

***Why do you think STCS or Walsh is a good fit for your child?**

***How did you hear about us?** _____
