



SOUTHERN TIER CATHOLIC SCHOOL ARCHBISHOP WALSH ACADEMY

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



2019-2020 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

MONTESORRI PROGRAM options for children ages 3-5yrs (select number of days and circle days of the week that child will attend)

- _____ 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 \$8 per day)

*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.

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? _____