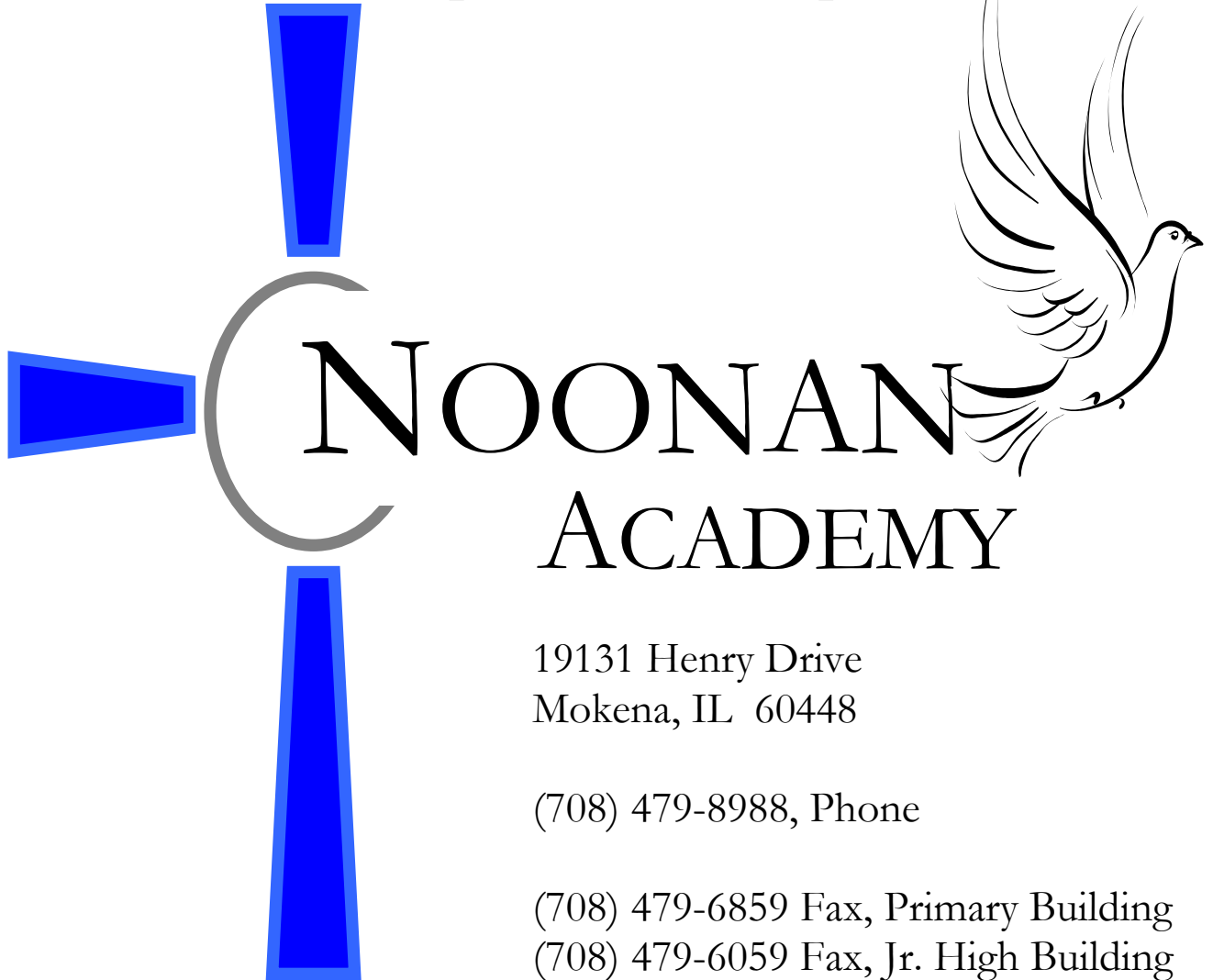


Student Application Form

Mr. Joseph Dunn, Principal



19131 Henry Drive
Mokena, IL 60448

(708) 479-8988, Phone

(708) 479-6859 Fax, Primary Building
(708) 479-6059 Fax, Jr. High Building

www.noonanacademy.org

Our Mission

To support parents in their mission
by

- † Providing challenging academics
- † Forming strong moral characters
- † Promoting vibrant spiritual lives

Registration Information

Thank you for your interest in Noonan Elementary Academy. Finding a suitable school for your child is a challenge. If you choose Noonan Elementary Academy, our staff will do their best to provide a rewarding experience, both educationally and spiritually, for your child(ren) and you. Should you have any question, please feel free to call the school at 708-479-8988.

Application Process

1. Please complete the attached application and return to the main office as soon as possible. The application fee must accompany the application. If your child is not accepted, you will receive full reimbursement of the application fee. If your child is accepted, the application fee will apply toward the cost of registration and is not refundable.
2. Interview: Once your application has been received, you might be contacted for an interview.
3. Notification of status: A letter of acceptance will be mailed.

Forms needed to apply

- Application Packet – Completely filled out and signed.
Please sign the “Hold Harmless Form” included in the application packet.
- Application Fee – one fee per family (check # _____)

Forms/certificates needed after acceptance

- Physical Form (yellow) – *completely filled out and signed by parent and doctor.*
Students entering preschool, kindergarten, and sixth grade are required to have an updated physical and immunizations. The completed physical form is required to be on file in the main office.
- Dental Examination Form (yellow) – kindergarten, 2nd, and 6th grade
- Eye Examination Form (yellow) – kindergarten, and all transfer students (kind. – 8th)
- Complete transcripts from previous school if applicable
- Birth Certificate – Please send a copy**
- Baptismal Certificate – Please send a copy**

General Information

- The Annual Tuition for your child(ren) is paid in 10 equal monthly payments.

Payments Are Due:

- | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> August 1 st | <input checked="" type="checkbox"/> September 1 st | <input checked="" type="checkbox"/> October 1 st | <input checked="" type="checkbox"/> November 1 st |
| <input checked="" type="checkbox"/> December 1 st | <input checked="" type="checkbox"/> January 1 st | <input checked="" type="checkbox"/> February 1 st | <input checked="" type="checkbox"/> March 1 st |
| <input checked="" type="checkbox"/> April 1 st | <input checked="" type="checkbox"/> May 1 st | | |

- Book / Supply Fee
- Signed Tuition Policy – two copies (*keep one copy for your records.*)
- Uniform, sweatshirt, and/or jacket fees

“The more fully the needs of one period are met, the greater will be the success of the next...”

† *Approved by Mr. Dunn* Yes No

Barbara Grace Patricia

Noonan Elementary Academy – Application for Admission

Noonan Elementary Academy Application for Admission

(Please type or print clearly.)

Office

Start Date: ___/___/___
Drop Date: ___/___/___
Check #: _____
Cash Receipt #: _____
Accept. Letter _____
Tuition Amt. _____

STUDENT INFORMATION

Student's Name _____
Last First Middle

Male Female

Home Address: _____

Family E-Mail Address _____

City: _____ State: _____

Zip: _____

Telephone (____) _____ - _____ Date of Birth ___/___/___ Place of Birth _____

U.S. Citizen: Yes No

Ethnicity: No, not Hispanic/Latino Yes, Hispanic/Latino

RACE
CHOOSE
ONE OR
MORE

- White Black or African American American Indian/Alaska Native
- Asian Native Hawaiian or Other Pacific Islander

Family's Religion: _____

Parish Name: _____

SACRAMENTAL DATES

Baptism ___/___/___

Reconciliation ___/___/___

First Communion ___/___/___

Other Schools Attended:

Dates Name Address

Nursery

- † Must be 3 yrs old by September 1
- † Choice of: 2, 3, 4, or 5 days per week

- Half-Day (8:30 – 11:30) M T W Th F
 - Extended (8:30 – 1:30) M T W Th F
 - Full Day (8:30 – 3:15) M T W Th F
 - Daycare M T W Th F (circle days needed)
- Building hrs. 6:30 A.M. – 5:45 P.M.**

Daycare child will arrive at: _____ a.m.

Daycare child will be picked up at: _____ p.m.

Pre-Kindergarten

- † Must be 4 yrs old by September 1
- † Choice of: 3, 4, or 5 days per week

- Half-Day (8:30 – 11:30) M T W Th F
 - Extended (8:30 – 1:30) M T W Th F
 - Full Day (8:30 – 3:15) M T W Th F
 - Daycare M T W Th F (circle days needed)
- Building hrs. 6:30 A.M. – 5:45 P.M.**

Daycare child will arrive at: _____ a.m.

Daycare child will be picked up at: _____ p.m.

Circle days needed for preschool.

(Circle the Grade)

Elementary Students (Kindergarten – 8th Grade)
Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

School Only
(8:00 – 3:15 Primary Building)
(8:00 – 3:15 Jr. High Building)

Daycare M T W Th F (circle days needed)
Building hrs. 6:30 A.M. – 5:45 P.M.

Daycare child will arrive at: _____ a.m.

Daycare child will be picked up at: _____ p.m.

PARENT INFORMATION

Father's Name _____ Phone (____) _____
Last First Middle

Home Address _____
Street City State Zip

Single Married Separated Divorced Remarried Deceased

Place of Birth _____ If deceased, date of death ____/____/____

High School _____ College _____ Degree(s) _____

Father's Occupation _____ Employer _____

Business Address _____
Street City Zip

Work Hours _____ Phone (____) _____

Cell phone (____) _____ Pager (____) _____

Mother's Name _____ Phone (____) _____
Last First Middle

Home Address _____
Street City State Zip

Single Married Separated Divorced Remarried Deceased

Place of Birth _____ If deceased, date of death ____/____/____

High School _____ College _____ Degree(s) _____

Mother's Occupation _____ Employer _____

Business Address _____
Street City Zip

Work Hours _____ Phone (____) _____

Cell phone (____) _____ Pager (____) _____

Names and ages of other children:

IN AN EMERGENCY IF MOTHER OR FATHER CANNOT BE REACHED, WHOM MAY WE CONTACT?

1. Name _____ Phone _____ - _____ - _____

Relationship to student _____ Cell _____ - _____ - _____

2. Name _____ Phone _____ - _____ - _____

Relationship to student _____ Cell _____ - _____ - _____

PERSON(S) AUTHORIZED TO PICK-UP CHILD

Parent(s) will always be called first. List additional people authorized to pick-up your child.

Contact # 1
Name: _____
Address: _____
Cell #: _____

Contact # 2
Name: _____
Address: _____
Cell #: _____

Contact # 3
Name: _____
Address: _____
Cell #: _____

I give the Academy permission to release my child to any of the named authorized person(s), on any day or at any time, without additional notification.
 Yes *No*
If additional people are authorized to pick-up your child, please attach their names to the back of this form.

Any child left in the school after closing hours or after the agreed upon time will be charged additional fees.
The additional fees need to be paid, in cash, to the staff member on duty.

EMERGENCY TREATMENT INFORMATION

Noonan Elementary Academy has my permission to seek emergency treatment for my child in the event of injury or illness when attempts to reach my family doctor or I are unsuccessful. We agree to assume all responsibility and expenses, including transportation, incurred by the handling of this emergency case. Noonan Elementary Academy also has my permission to administer light first aid treatment (i.e. bandages, remove splinters, apply antiseptic etc...)

Doctor's Name: _____ Dentist's Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Does your child have allergies and/or asthma? Yes No
Please list any allergies. _____

Does your child have physical limitations? Yes No
Please list any limitations. _____

Is your child under doctor's supervision? Yes No
If yes, please explain. _____

Does your child take medications regularly? Yes No
Please list medications. _____

Signature of Parent or Guardian _____

ROUTINES
(Pre-K and Nursery Applicants Only)

What do you do when your child refuses food? _____

Is there anything unusual about his/her eating habits that you believe we should know before he/she eats at school? _____

Does he/she take an afternoon nap regularly? _____ How long? _____

What is his/her attitude about taking a nap? _____

Urination

Bowel Movement

How does he/she state need? _____

How dependable is he/she? _____

To what extent is he/she able to dress himself/herself? _____

Other parental comments: _____

PARENT QUESTIONNAIRE

(For all students)

Do you pray together as a family?

Yes No Comments: _____

Do you attend Mass with your children on a regular basis?

Yes No Comments: _____

What would you say are your child’s main assets, qualities, strengths, or talents? (Academic, social, physical, and/or moral) _____

What are your child's special interests? (Favorite play activity) _____

List any fears or strong dislikes your child might have. _____

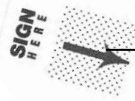
Taking into consideration our philosophy, “To Teach, To Educate, To Form,” aiming at the perfection of the whole “person,” what do you expect from a Noonan Elementary Academy education? _____

What kinds of activities do you enjoy as a family? _____

What, if any, are issues between parent and child? _____

What kind of system of discipline do you employ at home and who enforces it? _____

I grant my permission for the use of pictures, etc., which may be taken of this school and in which my child may appear for educational or public relations purposes. (i.e. articles in paper, magazines, NEA website etc.)



Signature of Parent/Guardian

It is the policy of Noonan Elementary Academy to insure a positive and enriching school experience for every child. However, there are limits and boundaries we must follow.

Any child whose behavior becomes disturbing or disruptive to our program will be asked to leave the school until such behavior is under control. We will exercise the option of asking a child to leave the program if we feel the program is not meeting that child’s needs.

We will always do everything in our power to help each child adjust to the school experience before exercising this option.

NON-DISCRIMINATORY POLICY

Noonan Elementary academy admits students of any race, color, nation, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis or race, color, nation, and/or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.

I hereby certify that all information on this application, and all information requested by Noonan Elementary Academy, for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to Noonan Elementary Academy is confidential and shall not be disclosed to anyone, except the parent or legal guardian.



Signature of Parent/Guardian _____ **Date** ____ - ____ - ____

Signature of Parent/Guardian _____ **Date** ____ - ____ - ____



How did you hear about us? Referred by: _____ NEA Website Radio Other

CHECKLIST FOR FILING APPLICATION

- | | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Application | <input type="checkbox"/> Application Fee | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Physical Form* | <input type="checkbox"/> Dental Form* <input type="checkbox"/> Eye Form* |
| <input type="checkbox"/> Complete Transcripts from Previous School | <input type="checkbox"/> Signed Permission and Hold Harmless Slip | |

<p>*Immunizations/physical form - students entering preschool, kindergarten, and sixth grade *Eye examination form - students entering kindergarten and 1st – 8th grade transfer students *Dental examination form – students entering kindergarten, second, and sixth grade</p>

PERMISSION AND HOLD HARMLESS SLIP

PLEASE SIGN AND RETURN TO SCHOOL WITH THE APPLICATION

I hereby grant permission for my child to use all of the school play equipment and participate in all activities of the playground. I understand that my child is very well supervised both in the classroom and outside when using the playground equipment and in the play yard. I fully realize that accidents do occur even with adequate teachers and supervision and agree not to hold Noonan Elementary Academy or its teachers and employees responsible for injuries that may be sustained by my child while in their care.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for field trips in an authorized vehicle. I understand that I will always be given prior notification of each event.

I hereby grant permission for my child to be included in pictures connected with the school program.

I hereby grant permission for the Principal/Director or acting Principal/Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps include, but a not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact you or your authorized persons listed on the emergency information form you completed for us on the registration form.
4. If we cannot contact you or your child’s physician, we will do any or all of the following:
 - A. Call an ambulance or paramedic
 - B. Have the child taken to an emergency hospital in the care of a staff member.
5. Any expense incurred under number four (above), will be borne by the child’s family.
6. The school will not be responsible for the failure of a parent or guardian to inform us of any medical or physical condition or any false information given at the time of enrollment.
7. Administer first aid.

My child’s name _____



Signed _____ **Date** ____ - ____ - ____
(Parent or legal Guardian)

Signed _____ **Date** ____ - ____ - ____
(Parent or legal Guardian)

SCHOOL RULES

Please Read Carefully

Keep for your records

1. Children should be dressed in the school uniform.
2. All uniform items should be clearly labeled with the child's name. During the winter have the children wear boots that are easy to remove
3. Day-care tuition is based on 10 hours or less.
4. The tuition is due on the first day of each month.
5. The student's medical must be in the school office on the first day of school. No child will be accepted in school without his medical. Medicals must be kept up to date. The shot for Measles is required. Any child absent three or more days must have a slip from the doctor to return to school.
6. Children who show the beginning signs of illness should not be sent to school. This is generally the most contagious period of an illness. Remember, the child you protect today may be the one to protect your child tomorrow.
7. All day-care children must be picked up at the appointed time or a late fee of \$_____ for every fifteen minutes will be charged. This money goes directly to the employee who is required to stay with the child.
8. Telephone calls to the school should be limited to an emergency. Please use a note to the teacher whenever possible.
9. School birthdays will be celebrated. Children who have a summer birthday will be given a pretend birthday. Parents supply treats for the birthday child to pass out on his/her special day. Parents will be advised ahead of time. Please do not send candy or cake. A treat for a birthday might be a piece of fruit or a non-food treat such as a party hat, coloring book, or some other remembrance.
10. Birthday party invitations may not be handed out a school unless the entire class is invited.
11. Children are not permitted to bring toys or books to school without permission.
12. During the winter, please stay tuned to stations WGN or WMAQ. If we are forced to close the school, it will be announced on these stations. **Website Address: www.noonanacademy.org**
13. The school carries liability and accident insurance on all children enrolled at Noonan Elementary Academy. However, the accident policy is supplemental to the parent's family policy.
14. Two weeks prior notice, or two weeks tuition is payable upon the child's withdrawal from the program.
15. Behavior is ultimately the parents' responsibility. Any child who misbehaves consistently will be asked to leave the program.
16. Children will NOT be permitted to leave the premises with anyone other than their parents/guardian without written notification to their teacher on that day.
17. Refer to the "Parent Handbook" for more specific information.

Noonan Elementary Academy

TRANSFER REQUEST

Date of Request: _____

Name of the Student: _____

Current Grade: _____ Date of Birth: _____

Name of School: _____

Address: _____

City, State, Zip: _____

Phone: _____

The above referenced student is applying for admission to the NOONAN ELEMETARY ACADEMY. In order for the Admissions Committee to act upon this application, we must have a transcript of courses, subjects, and grades. Please forward a copy of his/her records including the following:

- ___ Transcripts of courses, subjects, and grades
- ___ Grades at withdrawal, if transfer is made within a marking period
- ___ Attendance history
- ___ Aptitude and achievement test results
- ___ Health and immunization records

It would be especially helpful to have teacher recommendations and comments on this student’s level of achievement and comments on the area of study in each class. Our goal is to have a clear understanding of this student’s academic and social standing in your school to date.

Your help in this evaluation and prompt attention in this matter is greatly appreciated. Thank you.

Parental permission is no longer required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976 Vol.41, No. 118, Page 24673.)

MAIL TO: NOONAN ELEMENTARY ACADEMY
 19131 Henry Drive
 Mokena, IL 60448
 (708) 479-8988
 Fax (708) 479-6859

Parent’s Signature: _____

Date: _____