



# All Saints Academy - 2026/2027 Application Form

## Students-Preschool through 8<sup>th</sup>

### Student Information

Application for Grade (please circle): PK K 1 2 3 4 5 6 7 8

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Student 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Town: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish/Church (Registered): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date/Church/City-State of Baptism: \_\_\_\_\_  
(if applicable)

Date/Church/City-State of First Communion: \_\_\_\_\_  
(if applicable)

Ethnicity (for state reporting). Please check the appropriate box:

- Hispanic/Latino
- White Non-Hispanic
- Black or African American Non-Hispanic
- Asian Non-Hispanic
- Native Hawaiian or Pacific Islander Non-Hispanic
- American Indian or Alaskan Native Non-Hispanic
- Two or more races Non-Hispanic

**Enrollment in Preschool** (Preschool 3 years old by August 31st and potty trained) (Please circle one)

5 Full Days (Mon-Fri)

3 Full Days (M, W, F)

2 Full Days (Tues, Thurs)

### Household Information

Names and Ages of Siblings: \_\_\_\_\_

Applicant resides with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

## Parent/Guardian Information

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Address (if different from student): \_\_\_\_\_

Best Number to Contact: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Title/Position: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Address (if different from student): \_\_\_\_\_

Best Number to Contact: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's Title/Position: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

## Academic Information

Does your child presently have an active IEP/504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Has/Is your child receiving any services? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to either question above, please explain the reason for plan and services and provide us with a copy of the plan.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All Saints Academy – 48 Negus Street, Webster, MA 01570

Phone: 508-943-0257

Email: [admissions@allsaintswebster.org](mailto:admissions@allsaintswebster.org)

Website: [www.allsaintswebster.org](http://www.allsaintswebster.org)

All Saints Academy does not discriminate on the basis of race, color, religion or national origin.