



La Salle Academy
PHILADELPHIA

La Salle Academy
1434 North 2nd Street
Philadelphia, PA 19122

www.lasalleacademy.net
ph 215.739.5804
fx 215.739.1664

APPLICATION PACKET 2021-2022

La Salle Academy does not discriminate based on race, color, national and / or ethnic origin in the administration of its educational policies and scholarship, athletic and other school-administered programs.

Thank you for your interest in La Salle Academy. Instructions for the attached forms are as follows:

1. **Application Form** (white): Family and student biographical information to be completed by parent / guardian.
2. **Recommendation Form** (yellow): Please give this form to your child's teacher. He/she should send it back to LSA in a sealed envelope. Please find envelope enclosed.
3. **Transcript Release Form** (orange): Please complete and give to your child's school.
4. **Observation Permission Form** (blue): Please complete and have school officials sign.
5. **Interview**: All families and students will be interviewed prior to acceptance.
6. **Testing**: All students will be tested prior to acceptance.

Applications must be mailed or hand delivered to:

**La Salle Academy
1434 North 2nd Street
Philadelphia, PA 19122**



Application Checklist 2021-2022

- Application (white)
- Transcript release form (orange)
- Teacher recommendation forms (yellow)
- Permission slip to observe child during school time (blue)
- Copy of current report card
- Copy of Federal Tax Return / other proof of income.
 - SSI
 - Cash Assistance
 - Food Stamps
 - Disability
 - Child Support
 - Pension/Retirement

*This is mandatory; your child's application will **not** be processed if your Federal Tax Return or other proof of income is missing.*

- Immunization record
- State birth certificate
- Baptismal certificate (if Catholic)
- Interview
- Testing



APPLICATION FOR ADMISSION
2021-2022 School Year

Student Information

Name _____ Grade ____ in September 2021
First Middle Last

Date of Birth: _____ Social Security Number: _____
Month Day Year

Religion _____ Parish / Church _____

Street address _____

City, State, ZIP Code _____

Home Phone (____) _____ Cell Phone (____) _____

Current School _____

Other schools attended:

Name	Grade	Dates attended
_____	_____	_____
_____	_____	_____

Family Information

	Father	Mother
Name	_____	_____
Street Address	_____	_____
Occupation	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Email	_____	_____

Brothers / Sisters	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current marital status Please check all that apply

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Single, never married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Residing w/Significant Other |
| <input type="checkbox"/> Married | <input type="checkbox"/> Remarried | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated | |

Please check family income level

Less than \$10,000	\$21,000-\$24,000	\$35,000-\$40,000
\$10,000-\$15,000	\$24,000-\$27,000	\$40,000-\$45,000
\$15,000-\$18,000	\$27,000-\$30,000	\$45,000-\$50,000
\$18,000-\$21,000	\$30,000-\$35,000	More than \$50,00

All applicable must be submitted for application to be complete (W2 forms are not accepted):

- a. Federal Income Tax Return (Form 1040 or 1040A)
- b. Letter from Social Security Office stating amount of your Social Security or Supplemental Security Income (SSI)
- c. Letter from the Department of Public Assistance indicating notification of income / benefits

Is there any illness or disability that affects the student's academic performance? Yes No
If Yes, please explain.

Does the child take any medication? Yes No If Yes, please explain.

Has your child ever been tested for Special Education? Yes No If Yes, please explain.

Approximately how many days has your child been absent from school in the past year? _____
Please explain.

Admissions Timeline Checklist

___ April

Application completed

- application (white)
- transcript release form (orange)
- recommendation forms (yellow) mailed in by teachers
- copy of current report card
- copy of Federal Tax Return or other proof of income

___ May

Student / Guardian-Parent Interviews

___ June

Families informed of acceptance

___ August

Mandatory Parent/Guardian Meeting – August

___ September

Classes begin

APPLICATION MUST BE MAILED TO:

**La Salle Academy
1434 North 2nd Street
Philadelphia, PA 19122**

Application for La Salle Academy Registration & Financial Assistance Grants 2021-2022

A - STUDENT INFORMATION

Student's Name: _____ Grade _____ in September 2021
Date of Birth: _____ Social Security Number: _____
Child's Religion: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ Cell Phone Number: _____
Public School Assigned to: _____

B - PARENTS and GUARDIANS

Mother/Guardian's Name: _____ Father/Guardian's Name: _____
Social Security Number: _____ Social Security Number: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Cell Phone Number: _____ Cell Phone Number: _____
Email: _____ Email: _____

C - CURRENT MARITAL STATUS/HOUSING ARRANGEMENT OF PARENT/GUARDIAN:

_____ Single, never Married* _____ Divorced* _____ Residing w/Significant other
_____ Married _____ Remarried* _____ Other: _____
_____ Widowed _____ Separated*

D - HOUSEHOLD INFORMATION

Do you own _____ or rent? _____ reside with other _____

Number of individuals who reside in my/our household: _____

Parents/Guardians: _____ ; Children: _____ ; Other Adults: _____

Children:

Name	Age	Grade	School
------	-----	-------	--------

a. _____

b. _____

Other Adults:

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

E - PLEASE LIST ALL FAMILY INCOME BY NET DOLLAR AMOUNT (TAKE HOME PAY) RECEIVED YEARLY:

Work: \$ _____ Child Support: \$ _____ Public Assistance: \$ _____
Pension: \$ _____ Social Security: \$ _____ Unemployment: \$ _____
Disability: \$ _____ Food Stamps: \$ _____ Other: \$ _____

F - UNUSUAL CIRCUMSTANCES

Check all that apply to your situation within the last 12 months.

- | | |
|---|--|
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Death in the family |
| <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Shared custody |
| <input type="checkbox"/> Change in family living status | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> Medical/Dental expenses |
| <input type="checkbox"/> High School/College expenses | <input type="checkbox"/> Shared tuition |
| <input type="checkbox"/> Income Reduction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Illness or injury | _____ |
| | _____ |

I certify that to the best of my knowledge all the information on this form is correct and all the necessary proofs of income are attached.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

The LaSalle Academy Board and Benefactors work to raise monies for student scholarships.

Tuition	\$15,750.00
Families Responsibilities	\$ 250.00
<hr/>	
Scholarship Requested	\$15,500.00



Family Verification/Acceptance Form for the 2021-2022
Educational Improvement Tax Credit (EITC) Tuition
Grant Award

I, _____, as parent/guardian, verify that the student(s) listed below are registered and will be attending

La Salle Academy, Philadelphia, PA

I acknowledge that the EITC Tuition Grant that my family applied for has been received in the amount of \$ _____, and has been properly applied toward the 2019-2020 school tuition for the student(s) listed below at the aforementioned school. Without this funding opportunity, I would not be able to afford tuition and I would be required to have my son/daughter attend the following school.

NAME OF PUBLIC SCHOOL

Parent/Guardian Name (please print):

Address:

Student(s) Name(s):

Parent/Guardian Signature: _____

Financial Aid Administrator



Family Verification/Acceptance Form for the 2021-2022
Opportunity Scholarship Tax Credit (OSTC) Tuition Grant
Award

I, _____, as parent/guardian, verify that the student(s) listed below are registered and will be attending

La Salle Academy, Philadelphia, PA

I acknowledge that the OSTC Tuition Grant that my family applied for has been received in the amount of \$ _____, and has been properly applied toward the 2019-2020 school tuition for the student(s) listed below at the aforementioned school. Without this funding opportunity, I would not be able to afford tuition and I would be required to have my son/daughter attend the following school.

NAME OF PUBLIC SCHOOL

Parent/Guardian Name (please print):

Address:

Student(s) Name(s):

Parent/Guardian Signature: _____

Financial Aid Administrator



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PERMISSION FOR OBSERVATION

I give permission for my child, _____,

to be observed during the school day at

_____ School

by Elise Johnson, Social Worker, or Teresa Diamond, Principal, from La Salle Academy as part of the application process to have my child admitted to La Salle Academy for the 2020-2021 school year.

Please list name of contact person (Principal, Counselor) and phone number at child's present school.

Name

Position

Phone Number

(Parent/Guardian Signature)

Date



Release of Records Form

Dear _____

_____ has been accepted as a student at LaSalle Academy. Please send copies of academic records, health records, psychological records and any other pertinent information to:

La Salle Academy
1434 North 2nd Street
Philadelphia, PA 19122

Authorization for Release of School Records

I here authorize the chief school officer of _____

School: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number: _____

to release my child's record.*

Signature of Parent or Guardian

Address

Date Requested

Parent or Guardian: Please send one copy of this form to your child's current school and one copy to La Salle Academy, 1434 North 2nd Street, Philadelphia, PA, 19122, with the application packet. Final records will be requested if your child is accepted into La Salle Academy.

- Section 439 Public Law 93380 Family Education Rights and Privacy Act of 1994



Teacher Recommendation Form 2021-2022

La Salle Academy (grades 3-8) provides a Catholic education to economically disadvantaged students who do not have means or access to a Catholic education. The high structured eleven month school calendar includes Summer Session, Saturday School (five times a year), required after-school activities and Homework Club every day until 5 P.M.

Thank you for your time and effort in completing this recommendation form. It is a critical component in the overall application process.

Student's Name: _____

How long have you known this student? : _____

In what capacity? : _____

Please rate the student on the following criteria by checking the appropriate box.

	Always	Usually	Rarely
Student arrives prepared for class.			
Student works to ability.			
Student completes homework.			
Student follows directions.			
Student completes class work.			
Student is a motivated learner.			
Student shows respect for peers.			
Student show respect for adults.			
Student demonstrates academic potential.			
Student demonstrates appropriate social skills.			
Student is respected by peers.			

Does the student receive any school-related support services? If yes, please check those that apply:

- | | |
|--|---|
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> ESL |
| <input type="checkbox"/> Title 1 Remedial Math | <input type="checkbox"/> Tier2 |
| <input type="checkbox"/> Tier1 | <input type="checkbox"/> Title 1 Remedial Reading |
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Other: _____ |

Has the student been tested for Special Education? : _____

Does the student have an Individualize Education Plan (IEP)? : _____

Has the student been approved for Modifications? : _____

Please list any extracurricular activities the student participates in at school. :

Please comment on the student's academic abilities, maturity, leadership potential and other factors that may contribute to this student reaching his/her potential at LSA.

Please comment on how a smaller class size with individual attention will benefit this child to achieve his or her potential.

Please comment on how the parent/family supports their child's education.

How do you recommend this student for La Salle Academy?

Highly recommend Recommend Do Not Recommend

Thank you again for your time and effort.

Name (please print): _____

Signature: _____ Date: _____