



SETON CATHOLIC

Enrollment Application

Welcome to Seton Catholic!

Seton Catholic is built on the vision of Saint Elizabeth Ann Seton: to foster in children an ongoing commitment to address the needs of others in the community and around the world through works of peace and justice.

We are deeply rooted in tradition and have a strong foundation upon which to build a dynamic curricular and extracurricular program. Cutting-edge technologies inspire innovative teaching practices, drive student-led exploration, and redefine the traditional learning paradigm.

Our remarkable faculty creates a secure environment in which students take risks, ask challenging questions, and grow in confidence and ability. Faculty members are models of lifelong learning and Christian values. In a quest to develop their own spiritual identity, each student explores questions of personal integrity, ethical decision-making, and social justice. Based on a tradition of inspiring life-long learning and service to others, Seton Catholic provides a community of academic excellence, balanced with faith, hope, and empowerment.

Every single child matters at Seton. We are committed to serving them academically, spiritually, athletically, and artistically. In partnership with families, we help each child reach their true potential. We hope you join us on this most exciting journey.

Again, welcome to the Seton Family!

Admission Procedures

The following application materials are required, and admission is not guaranteed without review. Upon receipt and review of all documentation, an admissions decision will be made and families will be notified.

- Completed application
- Tuition contract
- Parish verification form – if applicable
- \$200 deposit per student or \$500 per family of three or more
- Records request – for students in grades K-12

If applying for financial aid or scholarship:

- Complete the Bishop's Fund Tuition Assistance Program (TAP) form (must also submit 1040 or other income verification documentation)
- Enroll in the FACTS Grant & Aid system: <https://sccs-ny.client.renweb.com/pwr/>

Please submit the completed application to the school. If you are applying from out of the area, please call school at 518.561.4031 when you submit your information.

Required before Student Begins School:

Once your application has been accepted, the following items are required prior to the start of school:

- Birth certificate
- Baptismal certificate – if applicable
- Medical history form
- Immunization record – must follow current NYS requirements
- Current physical health exam certificate signed by a licensed physician
- Free/Reduced lunch form – if applicable

Student Information (complete one sheet for each student)

First name Middle name Last name

Gender Date of Birth (MM/DD/YY) Birth place

Street address

Mailing address, if different than the street address

Grade in September 2024 Previous school Current school district

Ethnic group: list all that apply – Alaskan Native, American-Indian, Asian/Pacific Islander, Black, Hispanic, White

Religious affiliation current parish, if applicable list all Sacraments your child has received

Primary language at home If not a US citizen, what is your citizenship?

Student Educational Services

Does your child have an Individualized Education Plan (IEP)? Y N

Does your child have a 504 plan? Y N

Has your child ever repeated a grade? Y N Grade(s): _____

Has your child ever been suspended/expelled? Y N

Has your child ever received any school disciplinary action? Y N

Please provide documentation related to the above affirmative questions

Has your child received any of the services in the past school year? Check all that apply

- Remedial math
- Remedial reading
- ESL
- Physical therapy
- Occupational therapy
- Speech services
- School counseling
- Counseling from an outside agency

Parent/Guardian Information

Parent/Guardian's name: _____

Parent/Guardian's salutation (Mr., Ms., Dr., Sgt., etc.): _____

Relationship to student: _____

Address, if different than student's: _____

Parent's home phone: _____ Parent's work phone: _____

Parent's cell phone: _____ Parent's email: _____

Parent/Guardian's religion: _____ Parent/Guardian's DOB: _____

Are you a graduate of Seton? Y N If yes, what year did you graduate? _____

Parent/Guardian's name: _____

Parent/Guardian's salutation (Mr., Ms., Dr., Sgt., etc.): _____

Relationship to student: _____

Address, if different than student's: _____

Parent's home phone: _____ Parent's work phone: _____

Parent's cell phone: _____ Parent's email: _____

Parent/Guardian's religion: _____ Parent/Guardian's DOB: _____

Are you a graduate of Seton? Y N If yes, what year did you graduate? _____

Family Members Who Attended Seton Catholic

(use separate sheet if needed)

Name: _____ Relationship: _____ Class of: _____

Name: _____ Relationship: _____ Class of: _____

Name: _____ Relationship: _____ Class of: _____

Name: _____ Relationship: _____ Class of: _____

Emergency Contact Information (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Others Living in Household (use separate sheet if needed)

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Student Contact Information

Nickname, if applicable: _____

Cell phone number: _____

Email address: _____

Parent Questions (please complete one sheet for each student)

Why do you seek a Seton Catholic education for your child?

How did your family hear about Seton Catholic?

Student Questions – Grades 6-12

Please list your current interests and activities (art, music, athletics, technology, etc.)

Please list any activities in which you may be interested in participating at Seton Catholic?

Fostering community spirit is one of the most important goals of Seton Catholic. How do you think you can contribute to our school?



Records Request

SETON CATHOLIC
206 New York Road
Plattsburgh, NY 12903
518.561.4031
518.563.1193 - Fax
www.setonknights.org

To:

Name of Previous School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

From: Seton Catholic

Date: _____

RE: Request for School Records

The following student has enrolled in our school. Please release all academic, attendance, health, special education, and psychological records you may have which pertain to them. Please include grading key and lowest passing grade.

Student's Name: _____ DOB: _____

Please send the following:

- Health records, including labs
- Academic records
- Disciplinary records
- 504/IEP plans

Signature of Parent, Guardian, or School Authority: _____ Date: _____

Note: As of September 1980, Federal Law 99.31 specified that no parental signature is required for educational records to be released to another education agency.

Thank you for your assistance.