Seton Foundation for Learning

Application Process

Welcome to the Seton Foundation for Learning Mother Franciska Elementary School!

Application Form

Please call our school office at 718-876-0939 to request an application form. Applications can be sent via mail, email or fax or can be picked up from our school office located at 235 Major Avenue, Staten Island, NY 10305.

Documentation

Please submit a copy of your child's most recent evaluations, progress reports and current IEP. All documentation can be emailed to jedmonds@sflschools.org

Tour

Tours of our school are arranged on an individual basis. While children are always welcome to accompany their parents/guardians, it is often easier to view the school and meet with the director without children present. This allows you to determine whether you think we are an appropriate school for your child and for us to get a sense of your child and your goals for them to see if your child might be a good fit for our school.

Intake Assessment

The intake assessment consists of a classroom observation and a 1:1 assessment of your child's skills by one of our staff members. After a review of the documentation and tour of the school, we will invite you to schedule time to bring your child into school to spend time in one of our classrooms.

Applicant Information

Student Information

Name: _____
First Middle Last Nickname (if applicable)

Gender: M F Date of Birth_____Race/Ethnicity(optional):

Home Address:_____

Application for Grade___in September 20__Applicants for K must be 5 before Sept. 1st of the year for which they are applying

Current Grade:_____Current School_____School Phone:_____

_____

School Address:_____

Programs/School(s) previously attended and dates of attendance:_____

_____

Parent/Guardian Information

Parent Guardian 1:_____

Relationship To Child:_____

Address:_____

Cell Phone:_____

Email:_____

Occupation:_____

Employer:_____

Business Phone:_____

Parent Guardian 2:_____

Relationship To Child:_____

Home Address:_____

Cell Phone:_____

Email:_____

Occupation:_____

Employer:_____

Business Phone:_____

Applicant Information (cont.)

Family Information

Marital Status : Married Living together Divorced Separated Single Deceased

Other (please describe):_____

Name of person financially responsible:_____

Other children in the family:

Name:_____Date of Birth:_____M F Current School:_____

Name:_____Date of Birth:_____M F Current School_____

Name:_____Date of Birth:_____M F Current School_____

Name:_____Date of Birth:_____M F Current School_____

Is a language other than English spoken in your home? Y N

Is the applicant bilingual Y N If yes, what language?_____

Personal References

If you were recommended to Seton Foundation for Learning by a current family or other member Of the community, please provide their name(s):

_____

What is your child's diagnonis?_____

Please Tell Us About Your Child (please limit your answers to the space provided).

Please tell us about your child (eg: likes/dislikes, communication, motor skills, personality):

_____

_____

_____

_____

_____

_____

Applicant Information (cont.)

How do you envision your child's education environment?

Please tell us about the services your child is receiving:

Type(s) of Service	Frequency

I affirm the completeness and accuracy of the information supplied on this application.

Signature:_____ Date:_____

Seton Foundation for learning does not discriminate on the basis of race, color, religion, gender, ethnic origin, age, disability, or sexual orientation in administration of its educational policies, admission policies and other school administered programs.