

St. Leo School 120 Main Street Leominster, MA 01453 Tel 978-537-1007 Fax 978-537-7420 st-leoschool.com

Dear Prospective St. Leo Family,

Thank you for your interest in our school. St. Leo School proudly continues the ministry of Catholic education, begun by the Sisters of the Presentation of the Blessed Virgin Mary in 1926. As our mission states,

St. Leo School cultivates a Catholic atmosphere inspired by the Gospel values of charity, hospitality, and respect. The faculty and staff are committed to providing a quality education which challenges students to reach "one pace beyond" as they prepare to become responsible citizens and the caretakers of God's world in the 21^{st} century.

We look forward to your family joining our family as we celebrate our 90th year. God bless.

Mrs. Nancy Pierce Principal, St. Leo School



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New Student Admissions Application

School Year	Grade	Grade		
Pre-K 3 yr. olds – 3 full days	Pre-K	3 yr. olds – 5 full days		
Pre-K 4 yr. olds – 3 full days	Pre-K	4 yr. olds – 5 full days		
Student Name				
Last	First	First Middle		
Address Street	City	State Zip		
Home Phone	Date/City of Birth			
• Kindergarten child must be	5 on or before August 31 fo	or admission		
Mother/Female Guardian:				
Name	M	aiden Name		
Address				
Email	Cell Phone			
Employer	Work Phone			
Father/Male Guardian:				
Name				
Address				
Email	Cell Phone			
Employer	Work Phone			
List three people who will assume to	emporary care of your child	d if you cannot be reached:		
Name	Phone #	Relationship		

****Please complete and sign the back of this application****

For students planning to enter grades 1-8:

Current school			Grade
Does your child receive accomm	nodations through a/a	an: 504 _	IEP
Will your child receive services	during the school da	y from the pu	ublic school system?
Current Parish Affiliation			
Date of Baptism	Parish		
Date of First Communion		Parish	
Applications for admission are	e reviewed when all	of the follow	ving items are received:
 Birth certificate Immunization and health Baptismal Certificate (wl Copy of the most recent recent	here applicable)	its for grades	1-8)
Mother/Female Guardian		Father/Male Gu	ardian
Date		Date	
DO NOT WRITH	E BELOW THIS L	INE – SCHO	OOL USE ONLY
Date Received Registration fee received on		Cash	Check#
Birth Certificate	Baptismal		Immunization
Accepted for Admission	Date		
Wait Listed	Reason		
Admission Denied	Reason		