



Paraclete Academy

207 E Street
South Boston, MA 02127
www.paraclete.org

Tel/Fax: (617) 268-5552
e-mail: principal@paraclete.org

2018-2019 School Year Enrollment Form For New Students:

Student Information for 2018-2019 School Year

Student's Name:

(first) (middle) (last)

Date of Birth: (mm/dd/yyyy) _____

Place of Birth: _____

School: _____

Grade in FALL 2018: _____

Family Information

Please circle one: Parents Father Mother Guardian Relative

Last Name: _____ First Name(s) _____

Street Address: _____

City and State: _____ Zip Code: _____

Home Phone :(____) _____

Cell Phone: (____) _____

E-mail: _____

Emergency Contact Name: _____ Relationship to student _____

Emergency Phone Number: _____

Who does your child live with? _____

Family Information

<u>Please list brothers & sisters:</u>	<u>AGE</u>	<u>GRADE</u>	<u>Living at Home?</u>
_____	_____	_____	___ YES ___ NO
_____	_____	_____	___ YES ___ NO
_____	_____	_____	___ YES ___ NO
_____	_____	_____	___ YES ___ NO

Is your child eligible for free or reduced lunch? ___ YES ___ NO

Do you live in public housing or Section 8 housing? ___ YES ___ NO

Religion (optional): _____

Parent/Guardian Employment Information

FATHER

Employer Name: _____

Position: _____

MOTHER

Employer Name: _____

Position: _____

GUARDIAN

Employer Name: _____

Position: _____

Schools Your Child Has Attended

SCHOOL NAME

GRADE(S) ATTENDED

Medical Information

Are there any current medical issues or concerns that may interfere with the student's studies or ability to participate in physical activities? _____ Yes _____ No

If so, please explain (asthma, allergies, dyslexia, etc.):

Required Writing Sample

Student's Statement of Purpose (Written by Student Applicant): Write a fun paragraph of anything that you want. You could write about your favorite book, the most exciting day of your life, a story you can make up, anything! Just provide a good example of your writing.

Student's Signature: _____ Date: _____

My child has completed the above writing sample.

Parent's Signature: _____ Date: _____

Transit of Student ARRIVAL to Paraclete

*Our normal hours are 2:30 pm to 8:00 pm

Please check the situation applicable to your student and family:

___ 1. Students from MICHAEL J. PERKINS ELEMENTARY SCHOOL and JAMES F. CONDON ELEMENTARY SCHOOL ONLY:

I would like Paraclete to pick up my student (teacher chaperone walking) from school: _____ Yes

_____ No, my student will get to Paraclete by:

___ 2. My child will walk to Paraclete on their own.

___ 3. I will drop off my child to Paraclete.

___ 4. I would like to request an alternative circumstance (pending approval from Program Director) and explain here:

Transit of Student DEPARTURE from Paraclete

___ 1. I will pick up my child daily around _____ PM

___ 2. My child is allowed to be picked up by:

(MUST NAME RELATION TO STUDENT)

___ 2. My child is allowed to walk home alone

___ 3. My child is allowed to walk home WITH other students

Other student names _____

1. I give my child permission to go on off-site field trips with Paraclete staff members (i.e 5th Street Park, Moakley Park) :

1. _____ Yes _____ No

2. My child will be staying for dinner Mondays through Thursdays from 7:00 pm to 7:30 pm:

1. _____ Yes _____ No

Expectations:

We require that students attend at least three days of Paraclete a week.

Students are expected to attend:

- Focused daily homework help assigned
- Bi-weekly reading class
- Bi-weekly math class
- Enrichment class of interest taught by our teachers.

Failure to follow this expectation will result in immediate parent-principal meetings to discuss the needs of your child.

Attendance Policy:

Please notify Allison Maladore by email or text if your child is going to be absent from the Paraclete.

Paraclete Hours of Operation:

Monday-Thursday 2:30-8:00PM

Friday 2:30-6:00PM

Important Phone Numbers:

Paraclete Main Office: (617) 268-5552

Allison Maladore, Principal

Eileen DeMichele, Executive Director

Policy of Non-Discrimination

The Paraclete Academy does not discriminate on the basis of race, gender, sexual orientation, religion, nationality or ethnic origin in the administration of its educational and admission policies.

Donations!!

We are a **mission-based service organization** and will accept any kind of donation, volunteer time, or anything that you feel Paraclete can use for our community and students. We are always looking for extra tutors to come in any time for as long as any person desires and extra hands in our kitchen as well! We appreciate all that you do for our community as we embark on this journey together for the success of our students.

I, the parent and guardian of this student, have completed the form fully and acknowledge I have read and completed all parts of the application.

Parent/Guardian Signature

Date

PARACLETE Academy

A Program of the Paraclete Foundation, Inc.

Publications, Video, Internet Consent and Release Agreement

The form below indicates approval for the student's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear on the Paraclete Website, in publicity, publications, or videos. For example, pictures and articles about Paraclete activities may appear in the South Boston Tribune or South Boston On-Line. These pictures and articles may or may not personally identify the student. The pictures and/or videos may be used by the Paraclete Academy in subsequent years.

AGREEMENT

Parent/Guardian release to the Paraclete Academy the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by the Paraclete Academy. The Paraclete Academy agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, promotion, publicity, and educational purposes.

Student and Parent/Guardian understand and agree that:

No monetary consideration shall be paid;

Consent and release have been given without coercion or duress;

This agreement is binding upon heirs and/or future legal representatives;

The photo, video or student statements may be used in subsequent years.

If the Parent/Guardian wishes to rescind this agreement, they may do so at any time with written notice.

Effective Date of Agreement: (mm/dd/yyyy)

Student's Name: _____

Parent/Guardian (Print): _____

Parent/Guardian

Sign Here: _____



PARACLETE ACADEMY

207 E Street, South Boston, MA 02127

To the teacher: The Paraclete Academy is an after-school educational enrichment program. We admit all students who are eager to improve their academic abilities. We foster a supportive environment that seeks to create life-long learners. Please stay in communication with us as we both continue to work for the same goal. Thank you for your time and your professional judgment.

Teacher Recommendation Form

Student information _____

Name	Grade	School
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Teacher information _____

Name	Subjects taught to this student	Years as this student's teacher
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Please write a brief (1-2 sentence) description of this student:

Describe the performance of this student in your class:

Please assess the student in the following areas, in comparison to others in his/her grade level:

	Excellent	Very Good	Good	Average	Below Average	N/A
Study habits	—	—	—	—	—	—
Academic potential	—	—	—	—	—	—
Academic achievement	—	—	—	—	—	—
Curiosity	—	—	—	—	—	—
Creativity	—	—	—	—	—	—
Ability to work independently	—	—	—	—	—	—
Ability to work in groups	—	—	—	—	—	—
Confidence	—	—	—	—	—	—
Initiative/Motivation	—	—	—	—	—	—
Perseverance	—	—	—	—	—	—
Respect for others	—	—	—	—	—	—
General classroom conduct	—	—	—	—	—	—

Please share with us any additional information that you feel would give us a more complete picture of this student. Feel free to comment on any particular areas of academic difficulty or achievement, as well as the student's personality, special interests, etc. Thank you!

I have expressed my honest opinion of the student that has requested my recommendation for Paraclete Academy.

Teacher Signature

Date