



Elk County Catholic High School

Application Form



600 Maurus Street • St. Marys, PA 15857 • Ph: 814-834-7800 • Fax: 814-781-3441 • www.eccss.org

Dear Parents/Guardians,

Thank you for your interest in a Catholic school in the Diocese of Erie where excellence in education is a tradition. With faith in Jesus Christ and commitment to living and teaching Gospel values, we educate the student spiritually, intellectually, emotionally, physically and socially.

Please complete this application and return it to the school office. Once all necessary documents have been received, your application will be reviewed and you will be contacted. All information will be held confidential according to the Family Educational Rights and Privacy Act (FERPA) regulations. Completion of this application does not guarantee enrollment. In addition, it should be noted that based on a review of the data received through this application process, the student may be accepted on a provisional basis for a specified time period.

Thank you again for your interest in Catholic education.

Rev. Nicholas J. Rouch

Vicar for Education, Diocese of Erie

Please **PRINT** all information.

CHILD INFORMATION

Date _____

Name: _____ Male ☐ Female ☐ Grade Child Will Be Entering: _____
Last First Middle

Date of Birth: _____ / _____ / _____ Place of Birth: _____ Social Security Number: _____ Religion: _____
Month Day Year City State **OPTIONAL**

Child lives with: Both Parents ☐ Mother ☐ Father ☐ Other ☐ Relationship: _____ Legal custody with: _____
(Must provide court papers)

Parent/Guardian:

Name Street City State Zip Home Phone # Cell Phone #

If parents are NOT living together:

Second Parent:

Name Street City State Zip Home Phone # Cell Phone #

Please indicate if one or both parents are **ECCHS alumni** and the year(s) he/she/they graduated:

Public School District of Residence: _____ School Last Attended: _____ from Grade _____ to Grade _____
Name City State Zip

List all schools the child has previously attended: Grade(s): Year(s):

Race/Ethnicity of Student:

☐ Black

☐ Hawaiian/Pacific Islander

☐ Native American/Alaskan

☐ Hispanic

☐ White

☐ Multiracial

☐ Asian

FAMILY INFORMATION

	First/Last Name	Address	Home Phone #	Place of Employment	Work Phone #	Email Address	Contributing Parishioner Of
Father							
Mother							
Step-Parent							
Step-Parent							
Other							

Other Children Living in Home:

First/Last Name	Relationship to Applicant	Birth Date

Tuition Responsibility (if parents are not living together)

NOTE: The attached form must also be completed.

Mother	% of Tuition
Father	% of Tuition

OTHER INFORMATION

The following information is VERY beneficial to the academic, emotional, social, and long term success of your child during his/her high school years. You are not required to complete any of this section, but full disclosure will ensure immediate consideration to those areas that can enhance his/her success. All information will remain highly confidential.

Please check No or Yes if your child has received any of these services. If **Yes**, please briefly describe and give dates. You may also attach additional information.

Special Educational Program: No ☐ Yes _____

Early Intervention Program: No ☐ Yes _____

Emotional Support: No ☐ Yes _____

Title I, Speech, Act 89: No ☐ Yes _____

Psychological Testing: No ☐ Yes _____

Individualized Education Program: No ☐ Yes _____

Other: _____

By placing my/our signature(s) below, I/we verify that all information is accurate and complete. I/We realize that failure to provide accurate information about my/our child may jeopardize enrollment at this school. I/We further verify that no information has been omitted AND if any of the information changes at any time I/we will notify the school.

_____ PARENT/GUARDIAN SIGNATURE	_____ PLEASE PRINT NAME	_____ DATE
_____ PARENT/GURADIAN SIGNATURE	_____ PLEASE PRINT NAME	_____ DATE

For School Use Only	
<input type="checkbox"/> REGISTRATION ACCEPTED	
<input type="checkbox"/> REGISTRATION PROVISIONALLY ACCEPTED	
<input type="checkbox"/> REGISTRATION DENIED	
_____ PRINCIPAL SIGNATURE	_____ DATE

Pennsylvania School Code 13-1304-A states in part: "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person, or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child _____, was ☐ was not ☐
previously suspended or expelled from any public or private school of the Commonwealth of Pennsylvania or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person or for any act of violence committed on school property.

School from which student was suspended/expelled: _____

Dates of suspension/expulsion: _____

Reason(s) for suspension/expulsion: _____

I understand that this form shall be maintained as part of the student's disciplinary record. I further understand in making this statement that I am subject to penalties under 24 P.S. 13-1304-A9b and 18 Pa.C.S.A.4904 relating to falsification to authorities, and that any willful false statement made on this form shall be a misdemeanor of the third degree. I swear or affirm that the facts contained herein are true and correct to the best of my knowledge, information and belief.

PARENT/GUARDIAN SIGNATURE

DATE