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
Please PRINT all information.

CHILD INFORMATION

Name: ___________________________ Last    First    Middle

Date of Birth: ______/_____/______ Place of Birth: ______________ City    State

Social Security Number: ______________ Religion: ______________

Date: ______________________

Grade Child Will Be Entering: ______

Date of Birth: ______/_____/______ Social Security Number: ______________

Month    Day    Year

Place of Birth: ______________ City    State

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: ______________

Name    City    State    Zip    from Grade    to Grade

List all schools the child has previously attended:

<table>
<thead>
<tr>
<th>Grade(s)</th>
<th>Year(s)</th>
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</table>

Race/Ethnicity of Student:

- Black
- Hawaiian/Pacific Islander
- Native American/Alaskan
- Hispanic
- White
- Asian
- Multiracial
**FAMILY INFORMATION**

<table>
<thead>
<tr>
<th>First/Last Name</th>
<th>Address</th>
<th>Home Phone #</th>
<th>Place of Employment</th>
<th>Work Phone #</th>
<th>Email Address</th>
<th>Contributing Parishioner Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
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<tr>
<td>Mother</td>
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<tr>
<td>Step-Parent</td>
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<tr>
<td>Other</td>
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</table>

Other Children Living in Home:

<table>
<thead>
<tr>
<th>First/Last Name</th>
<th>Relationship to Applicant</th>
<th>Birth Date</th>
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</table>

Tuition Responsibility (if parents are not living together)

NOTE: The attached form must also be completed.

<table>
<thead>
<tr>
<th>Mother</th>
<th>% of Tuition</th>
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</table>

<table>
<thead>
<tr>
<th>Father</th>
<th>% of Tuition</th>
</tr>
</thead>
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</table>

**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.

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For School Use Only

- ☐ REGISTRATION ACCEPTED
- ☐ REGISTRATION PROVISIONALLY ACCEPTED
- ☐ REGISTRATION DENIED

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PARENT/GUARDIAN SIGNATURE  PLEASE PRINT NAME  DATE

PARENT/GUARDIAN SIGNATURE  PLEASE PRINT NAME  DATE

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.

_________________________________  ________________
SIGNATURE                                      DATE