



## *St. Marys Catholic Elementary School*

114 Queens Road | St. Marys, PA 15857

Ph: 814-834-4169 | Fax: 814-834-7830

## *St. Marys Catholic Middle School*

600 Maurus Street | St. Marys, PA 15857

Ph: 814-834-7800 | Fax: 814-781-3441

# Application Form

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*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**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Male  Female  Grade Child Will Be Entering: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Certificate No. \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion/Parish: \_\_\_\_\_  
Month Day Year City State

Address: \_\_\_\_\_  
House No. Street Apt. No. Lot No. City State Zip Home Phone # Cell Phone #

Child lives with: Both Parents  Mother  Father  Other  Relationship: \_\_\_\_\_ Legal Custody with: \_\_\_\_\_  
**(Must provide court papers)**

Baptism: \_\_\_\_\_  
Date Church Location Certificate Verified

First Eucharist: \_\_\_\_\_  
Date Church Location Certificate Verified

Public School District of Residence: \_\_\_\_\_ School Last Attended: \_\_\_\_\_ from Grade \_\_\_\_ to Grade \_\_\_\_  
Name Address City State Zip

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

School Name	Grade(s)	Year(s)

Did child ever repeat a grade? No  Yes   
Does child have difficulty learning? No  Yes   
Does child have any behavioral problems? No  Yes

List all auxiliary services child has received (e.g. Title I, Speech Therapy, Act 89): \_\_\_\_\_

Check all special programs child has attended:  Counseling  Early Intervention  ELL/ESL  Emotional Support  Gifted  Learning Support  
 Life Skills  Mental Health  Remedial  Wraparound  Other \_\_\_\_\_

Has child previously been offered an Individualized Education Program (IEP)? No  Yes  If yes, list date/grade: \_\_\_\_\_  
Chapter 15 – 504 Plan? No  Yes  If yes, list date/grade: \_\_\_\_\_

Ethnicity:  Black  Asian  Hawaiian/Pacific Islander  Native American/Alaskan  
 White  Multiracial  Hispanic  Non-Hispanic

What language(s) does the child speak? \_\_\_\_\_

What language is spoken in the home? \_\_\_\_\_

## FAMILY INFORMATION

	First/Last Name	Home Address	Home Phone	Place of Employment	Work Address	Work Phone #
<b>Father</b>						
<b>Mother</b>						
<b>Step-Parent</b>						
<b>Step-Parent</b>						
<b>Other</b>						

Other Children Living in Home:

First/Last Name	Relationship to Applicant	Birth Date

### Child's Physical Description at Time of Application

Eye Color:	Hair Color:
Height:	Weight:

## OTHER INFORMATION

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the student's learning.

Please check No or Yes if your child has received any of these services. If Yes, please briefly describe.

Special Educational Program:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>
Early Intervention Program	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>
Educational History:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>
Developmental History:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>
Psychological History:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>
Medical History:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>
Physical Conditions:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>
Other:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<hr/>

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.

<hr/>	<hr/>	<hr/>
Parent/Guardian Signature	Please Print Name	Date
<hr/>	<hr/>	<hr/>
Parent/Guardian Signature	Please Print Name	Date

<b>For School Use Only</b>	
<input type="checkbox"/>	REGISTRATION ACCEPTED
<input type="checkbox"/>	REGISTRATION PROVISIONALLY ACCEPTED
<input type="checkbox"/>	REGISTRATION DENIED
<hr/>	<hr/>
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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date