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

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: (if applicable)_____
Date Church Location Certificate Verified

First Eucharist: (if applicable)_____
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):

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 #
Father						
Mother						
Step-Parent						
Step-Parent						
Other						

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 ☐ Yes ☐ _____

Early Intervention Program No ☐ Yes ☐ _____

Educational History: No ☐ Yes ☐ _____

Developmental History: No ☐ Yes ☐ _____

Psychological History: No ☐ Yes ☐ _____

Medical History: No ☐ Yes ☐ _____

Physical Conditions: No ☐ Yes ☐ _____

Other: No ☐ Yes ☐ _____

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.

_____ _____ _____

Parent/Guardian Signature | Please Print Name | Date

_____ _____ _____

Parent/Guardian Signature | Please Print Name | Date

Over

For School Use Only

☐ REGISTRATION ACCEPTED

☐ REGISTRATION PROVISIONALLY ACCEPTED

☐ 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	Please Print Name	Email Address	Date
_____	_____	_____	_____
Parent/Guardian Signature	Please Print Name	Email Address	Date