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

Male  Female  Grade Child Will Be Entering: _______

Date of Birth: __________ / __________ / ______

Birth Certificate No. ________________________

Place of Birth: ______________________________

Religion/Parish: ____________________________

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: ________________________________________________________________

Name  Address  City  State  Zip

List all schools the child has previously attended:

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

<table>
<thead>
<tr>
<th>First/Last Name</th>
<th>Home Address</th>
<th>Home Phone</th>
<th>Place of Employment</th>
<th>Work Address</th>
<th>Work Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
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<td></td>
</tr>
<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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</tbody>
</table>

Other Children Living in Home:

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

**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.

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**For School Use Only**

- [ ] REGISTRATION ACCEPTED
- [ ] REGISTRATION PROVISIONALLY ACCEPTED
- [ ] REGISTRATION DENIED

Principal Signature: [ ]
Date: [ ]

Parent/Guardian Signature: [ ]
Please Print Name: [ ]
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