

Our Lady of Fatima Catholic School

3005 Fatima Drive, Aliquippa, PA 15001
724-375-7565 * Fax 724-375-0219

olofschool@comcast.net
<http://ourladyoffatimahopewell.org>



January 25, 2019

Requirements for Registration

_____ A copy of student's birth certificate

_____ Up to date Immunization Records

_____ A copy of student's baptismal certificate
(Optional if not baptized)

_____ Registration Fee of \$25 with a signed pastor signature sheet,
\$75 if no signed pastor signature sheet, \$25 preschool registration fee.
All fees are non-refundable.

_____ Fair Share Fundraising - - Every family is required to do their
"fair share" and raise at least \$450 in profit towards the PTG fundraising
goals. If the fair share goal is not met it will be added to the tuition amount.
We provide various opportunities to raise this money, such as cookie dough
sales, candle sales, raffle tickets, Anderson candy, Fun Run to name a few.

_____ Please contact Maureen Cox, Parish Business Manager for
financial aid or FACTS information. Her number at the rectory is 724-375-
7626.

Please check our website at <https://ourladyoffatimahopewell.org> for
directions to the financial aid forms or you may go to the Diocese of
Pittsburgh website at www.diopitt.org for a link to the financial aid process.

FACTS Management is the company that collects tuition for the school. Once
you have registered be on the lookout for an email from FACTS as to the
tuition payments. They usually notify you by email. You are able make a full
payment, monthly payments, and other options by contacting Maureen Cox
as noted above.



STUDENT DATA: (Please Print Clearly)

Entering Grade: _____

Student's Last Name:		First:	Middle:
Address:		Male _____ Female _____	
City:	State:	Zip:	Phone:
Date of Birth:		Public School District of Residence (Taxes Paid to):	
Current School (Other than OLOF):		School Names this Student Would attend (If Different than Current)	
Student Religion		If Catholic, Name of Parish:	
Ethnicity: _____ African American _____ Hispanic _____ Native American _____ Caucasian _____ Multi-racial _____ Pacific Island _____ Other			
Transportation: _____ Car Rider _____ Busing Needed		_____ Please check if financial aid is needed	

FAMILY DATA: (Please Print Clearly)

Mother

Father (Same Information does not need to be repeated)

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
OLOF School Alumni: _____ Yes _____ No	OLOF School Alumni: _____ Yes _____ No
Mother's Maiden Name:	

For Office Use Only: _____ Birth Certificate _____ Baptism Certificate _____ Immunizations _____ Pastor Verification _____ Academic Records

_____ Discipline Records _____ Psychological Report (If applicable) _____ Registration Fee

(OVER)

Guardianship (If Applicable)

Student resides with: Both Parents Mother only Father Only Joint Custody Other: _____

Parents/Guardians Marital Status: Married Separated Divorced Widowed Single Parent

Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/or shared custody

Student's Legal Guardian (if other than parent): _____

Relationship to the student: _____

Mail will be sent to student's address. How do you wish correspondence from the school to be addressed?

Please Print:

If a second copy of the school packet is requested, we can include in the Thursday folder.

Sacramental Information: (New Applicants Only) Check Here if Non-Catholic

	Date:	Church:	City/State
Baptism:			
Reconciliation: First Communion:			
Confirmation:			

In order to provide the best education for your child, please complete the following:

Has your child ever:

1. Had a psychological evaluation? Yes No
2. Been diagnosed with any of the following:
LD (Learning Disability ADD (Attention Deficit Disorder) ADHD (Attention Deficit Hyperactive
Disorder) ASD (Autism Spectrum Disorder) ODD (Oppositional Disorder) Other

Does your child take medication associated with this diagnosis? Yes No
If Yes, please specify: _____

3. Received any of the following services:
Counseling Emotional Support Remedial Math Remedial Reading
Speech/Language Learning Support Other

4. Had/has an IEP? Yes No If yes, what is the disability? _____

5. Been diagnosed with a medical condition that the school should be aware of? Yes No

If yes, please explain:

6. Repeated a grade: Yes No If yes, which grade? _____ Reason: _____

7. Received a suspension from school? Yes No If yes, explain:

8. Been expelled from school? Yes No If yes, explain:

I/we attest that the above information is true and understand that if I/we answered yes to any of the above and my child is enrolled, it will be on a probationary basis.

Parent/Guardian Signature

Date

Parent/Guardian Signature

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Diocese of Pittsburgh – Memorandum of Understanding

As a parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the diocese, or religious community.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father:

Mother:

Guardian:

Print Name

Print Name

Print Name

Signature

Signature

Signature

Student's Name (Please Print)

Our Lady of Fatima
School

Date

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Student Name

The Civil Rights Law of 1964, Title VI, requires that school districts/charter schools identify Limited English Proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

Does the above student have limited English speaking proficiency? No Yes

Please check the box for parent with limited English proficiency NA Mother Father Guardian

If yes, specify language _____
(Do not include languages learned in school)

DIOCESE OF PITTSBURGH – LOAN OF TEXTBOOKS



State Law (Act 195) authorizes the loan of textbooks by the Secretary of Education to children enrolled in non-public schools. Act 90 authorizes the loan of instructional materials. Our school is now in the process of requesting the specific textbooks and materials to be loaned to your child/ren. The law requires, however, that a parent of each child attending a non-public school individually request a loan of textbooks and instructional materials. We are, therefore asking for your signature to request the loaning of textbooks to your child/ren during their stay at Our Lady of Fatima Catholic School.

PHOTO RELEASE FORM



Students may be photographed or videotaped for various reasons during the school year. In most cases the photos will be used for the yearbook. We are requesting permission to have your child/ren's name and/or image released to news media for use in local, state, and/or national publications which relate in a positive manner to the Our Lady of Fatima and/or Diocesan school(s). This consent shall be effective for **school related functions only**. At any time should you wish to withdraw your permission, please contact the school office. Thank you.

_____ I **DO** give permission for the release of my child/ren's image as stated above.

_____ I **DO NOT** grant permission for the release of y child/ren's image as stated above.

Parent/Guardian Signature

Date