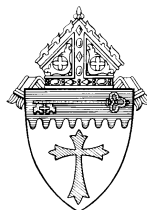


# Diocese of Erie Application Form Elementary and Middle Schools



Name of School: \_\_\_\_\_ City: \_\_\_\_\_

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.

<b>KINDERGARTEN</b>	
HALF DAY _____	
FULL DAY _____	

**CHILD INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Child Would Be Entering \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Certificate No. \_\_\_\_\_ Place of Birth \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ HOUSE NO. \_\_\_\_\_ STREET \_\_\_\_\_ APT. NO. \_\_\_\_\_ LOT NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ Phone \_\_\_\_\_

Child lives with: (Please Check) Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ Legal Custody with \_\_\_\_\_ (Must have 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 \_\_\_\_\_

List all schools the child has previously attended	NAME Grade(s)	ADDRESS 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 \_\_\_\_\_

What language(s) does the child speak? \_\_\_\_\_ What language(s) is spoken in the home? \_\_\_\_\_

**FAMILY INFORMATION**

FIRST/LAST NAME	HOME ADDRESS	EMPLOYER'S NAME	WORK ADDRESS	WORK PHONE	HOME PHONE	CONTRIBUTING PARISHIONER OF:
FATHER						
MOTHER						
STEP-PARENT						
STEP-PARENT						
OTHER						

Other Children Living in Home

FIRST/LAST NAME	RELATIONSHIP TO APPLICANT	BIRTHDATE

Child's Physical Description at Time of Application.

EYE COLOR	HAIR COLOR
HEIGHT	WEIGHT

# HEALTH INFORMATION

Original immunizations records are required. The school will make copies to insert in the application.

Does child have health insurance coverage? No \_\_\_\_\_ Yes \_\_\_\_\_

Name of Physician or Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has child ever had surgery? No \_\_\_\_\_ Yes \_\_\_\_\_

Type of Operation: \_\_\_\_\_ Date: \_\_\_\_\_

Does child have allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ Type: \_\_\_\_\_

Allergy Medication: \_\_\_\_\_

Does child have allergies to any medication? No \_\_\_\_\_ Yes \_\_\_\_\_ Type \_\_\_\_\_

List prescription medications child is currently taking: \_\_\_\_\_

Medical Conditions:

Diabetes: No \_\_\_\_\_ Yes \_\_\_\_\_ Heart Problems: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Epilepsy: No \_\_\_\_\_ Yes \_\_\_\_\_ Asthma: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Other: \_\_\_\_\_

Records were copied on: \_\_\_\_\_  
DATE

Initials: \_\_\_\_\_

# 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 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 signature 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

**For School Use Only**

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\_\_\_\_\_ REGISTRATION ACCEPTED

\_\_\_\_\_ REGISTRATION PROVISIONALLY ACCEPTED

\_\_\_\_\_ REGISTRATION DENIED

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DATE

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PRINCIPAL SIGNATURE

**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 \_\_\_\_\_, (circle one) 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE