

# Erie Catholic School System

## Student Application 2020-2021

### Office Use Only

Date Received:

Transaction (Check/Money Order):

Received by:

Dear Parents/Guardians,

Thank you for your interest in the Erie Catholic School System, in the Diocese of Erie, where excellence in education is a tradition. Our faith in Jesus Christ and commitment to living and teaching Gospel values, educates the student spiritually, intellectually, emotionally, physically, and socially.

Please complete this application and all other required paperwork to the school address below. Once all necessary documents have been received, your application will be reviewed. The school office will contact you via email or phone to communicate your child's enrollment status. Thank you again for your interest in Erie Catholic.

With faith in our future,

Damon Finazzo  
President, Erie Catholic School System

### *BASIC INFORMATION*

Check the school campus(es) to which you are applying

Blessed Sacrament

Saint James

Our Lady of Peace

Saint Jude

Saint George

Saint Luke

Current Grade Level or last attended grade: \_\_\_\_\_

Grade level applying for: \_\_\_\_\_

If Preschool, level/option: \_\_\_\_\_

### *STUDENT INFORMATION*

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Circle: MALE FEMALE

Address: Address Line 1, City, State, Postal / Zip Code and Country are required

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Primary Family Email: \_\_\_\_\_

Legal Custody with (Must provide court Papers): \_\_\_\_\_

Child lives with:

- Both Parents
- Mother
- Father
- Other – Please List \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_

Bus Transportation Needed (Grades K-8th Only): Circle: YES NO

List all schools the child has previously attended (include address and state):

Previous School 1 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Grade(s) Attended \_\_\_\_\_  
 Year(s) Attended \_\_\_\_\_

Previous School 2 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Grade(s) Attended \_\_\_\_\_  
 Year(s) Attended \_\_\_\_\_

Previous School 3 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Grade(s) Attended \_\_\_\_\_  
 Year(s) Attended \_\_\_\_\_

Religion Circle: CATHOLIC NON-CATHOLIC

Student Parish or Place of Worship: \_\_\_\_\_

	Date	Church	Location/Address
Baptism			
First Eucharist			

*FAMILY INFORMATION*

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

What language(s) are spoken in the home? \_\_\_\_\_

Father Name: \_\_\_\_\_

Father Home Address: \_\_\_\_\_

Father Email: \_\_\_\_\_

Father Employer: \_\_\_\_\_

Father Work Address: \_\_\_\_\_

Father Cellphone Number: \_\_\_\_\_

Father Parish or Place of Worship: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Mother Home Address: \_\_\_\_\_

Mother Email: \_\_\_\_\_

Mother Employer: \_\_\_\_\_

Mother Work Address: \_\_\_\_\_

Mother Cellphone Number: \_\_\_\_\_

Mother Parish or Place of Worship: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Stepparent Home Address: \_\_\_\_\_

Stepparent Email: \_\_\_\_\_

Stepparent Employer: \_\_\_\_\_

Stepparent Work Address: \_\_\_\_\_

Stepparent Cellphone Number: \_\_\_\_\_

Stepparent Parish or Place of Worship: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Stepparent Home Address: \_\_\_\_\_

Stepparent Email: \_\_\_\_\_

Stepparent Employer: \_\_\_\_\_

Stepparent Work Address: \_\_\_\_\_

Stepparent Cellphone Number: \_\_\_\_\_

Stepparent Parish or Place of Worship: \_\_\_\_\_

Other Name and relationship to child: \_\_\_\_\_

Other Home Address: \_\_\_\_\_

Other Email: \_\_\_\_\_

Other Employer: \_\_\_\_\_

Other Work Address: \_\_\_\_\_

Other Cellphone Number: \_\_\_\_\_

Other Parish or Place of Worship: \_\_\_\_\_

Other Children Living in the Home

Name	Relationship to Applicant	Birthdate

*HEALTH INFORMATION*

Official immunization records are required to be on file with the school. Please provide a copy to the school.

Does child have health insurance coverage?    Circle:        YES            NO

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

Phone: \_\_\_\_\_

Does the child have allergies?                    Circle:        YES            NO

Allergy Type: \_\_\_\_\_

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

Does child have allergies to any medication?    Circle:        YES            NO

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

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

Medical Conditions:

Diabetes

Asthma

Epilepsy

Other

Heart Problems

\_\_\_\_\_

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.

Special Education Program: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Early Intervention Program: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Educational History: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Development History: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Psychological History: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Medical History: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Physical Condition: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Other: Circle: YES NO

If Yes, please briefly explain: \_\_\_\_\_

Did your child ever repeat a grade? Circle: YES NO

Does child have difficulty learning? Circle: YES NO

Does child have any behavioral problems? Circle: YES NO

Check all special programs child has attended:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Counseling         | <input type="checkbox"/> Gifted           | <input type="checkbox"/> Remedial   |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Learning Support | <input type="checkbox"/> Wraparound |
| <input type="checkbox"/> ELL/ESL            | <input type="checkbox"/> Life Skills      | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Emotional Support  | <input type="checkbox"/> Mental Health    |                                     |

Has child previously been offered an Individual Education Plan (IEP)? Circle: YES NO

If Yes, list date/grade: \_\_\_\_\_

Chapter 15-504 Plan? Circle: YES NO

If Yes, list date/grade: \_\_\_\_\_

List all auxiliary services child has received:(e.g, Title 1, Speech Therapy, Act 89)

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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 this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs for the willful infliction or injury to another person, or for any act of violence committed on school property.

Please read the above statement and answer below:

- My child WAS previously suspended or expelled
- My child WAS NOT previously suspended or expelled

School from which student was suspended/expelled: \_\_\_\_\_

Dates of suspension/expulsion and reasons \_\_\_\_\_

Completion of this application however does not guarantee enrollment. Based on a review of the data received through this application process, the Erie Catholic School System may accept the student, or may accept the student on a provisional basis for a specified time period, or may determine that our school system is unable to serve the needs of the student at this time. In all cases, information will be held confidential according to the Family Education Rights and Privacy Act (FERPA) regulations.

I understand that this form shall be maintained as part of the student's disciplinary record. I further understand in making that statement that I am subject to penalties under 24 P.S 13-1304-A(b) 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.

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.

Signature required

Date: \_\_\_\_\_

Application fee of \$20.00 required for each student. Please submit fee to school office via check or money order.

Thank You!