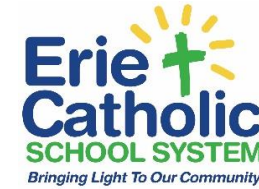


# Erie Catholic School System in the Diocese of Erie Preschool-Elementary-Middle School Student Application



Completed by School:	
<input type="checkbox"/>	\$_____ Application Fee Received
Check Number: _____	
Date: _____	

Check the school campus(es) to which you are applying, and please rank by preference.

- \_\_\_\_\_  **Blessed Sacrament**, 2510 Greengarden Rd., 455-1387
- \_\_\_\_\_  **Our Lady of Peace**, 2401 West 38th St., 838-3548
- \_\_\_\_\_  **Saint George**, 1612 Bryant St., 864-4821
- \_\_\_\_\_  **Saint James**, 2602 Buffalo Rd., 899-3429
- \_\_\_\_\_  **Saint Jude**, 606 Lowell Ave., 838-7676
- \_\_\_\_\_  **Saint Luke**, 425 East 38th St., 825-7105

Dear Parents/Guardians,

Thank you for your interest in the Erie Catholic School System here 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 along with all other required paperwork to the school office. Once all necessary documents have been received, your application will be reviewed and you will be contacted. 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 Educational Rights and Privacy Act (FERPA) regulations.

Thank you again for your interest in Erie Catholic.

Damon Finazzo  
President, Erie Catholic School System

Please **PRINT** all information.

School \_\_\_\_\_

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

**CHILD INFORMATION**

Date \_\_\_\_\_

If Preschool, level \_\_\_\_\_ Option \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Child Would Be Entering \_\_\_\_\_

LAST FIRST MIDDLE

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

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

Child lives with: (Please Check) Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ Legal Custody with (**Must provide Court Papers**) \_\_\_\_\_

Baptism \_\_\_\_\_ DATE CHURCH LOCATION CERTIFICATE VERIFIED

First Eucharist \_\_\_\_\_ DATE CHURCH LOCATION CERTIFICATE VERIFIED

Public School District of Residence \_\_\_\_\_ Bus Transportation Needed (Grades K-8th Only) No \_\_\_\_\_ Yes \_\_\_\_\_

School Last Attended \_\_\_\_\_ From Grade \_\_\_\_\_ To Grade \_\_\_\_\_  
NAME ADDRESS CITY STATE ZIP CODE

List all schools the child has previously attended (Please include address with state)

Grade(s) Year(s)

	Grade(s)	Year(s)

**FAMILY INFORMATION**

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

FIRST/LAST NAME	HOME ADDRESS	EMPLOYER'S NAME	WORK ADDRESS	WORK PHONE	CELL 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

# HEALTH INFORMATION

Original immunization 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: \_\_\_\_\_

For Office Use Only	
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 _____	_____

Did child ever repeat a grade? No \_\_\_\_\_ Yes \_\_\_\_\_ Does child have difficulty learning? No \_\_\_\_\_ Yes \_\_\_\_\_ Does child have any behavioral problems? No \_\_\_\_\_ Yes \_\_\_\_\_

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 Plan (IEP) No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, list date/grade \_\_\_\_\_ Chapter 15 - 504 Plan? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, list date/grade \_\_\_\_\_

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

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 Office Use Only	
_____	REGISTRATION WAITLISTED
_____	REGISTRATION ACCEPTED
_____	REGISTRATION PROVISIONALLY ACCEPTED
_____	REGISTRATION DENIED
_____	DATE
_____	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-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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE