

Saint Therese School Registration Form

3 St. Therese Court Munhall, PA 15120

Phone: 412-462-8163 Fax: 412-462-5865 Website: www.stthereseschoolmunhall.org

STUDENT DATA *(Please Print Clearly)*

ENTERING GRADE: _____

Student's Last Name:	First:	Middle:
Address:		Male / Female:
City:	State:	Zip:
Date of Birth:		Phone:
Age as of September 1:		
Public School District of Residence (Taxes paid to):	Public School Building this student would attend, if not enrolled in St. Therese School:	
Religion:	If Catholic, parish and diocese:	
Ethnicity: (optional) <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other		
Current School (if any):	Address of Current School:	

FAMILY DATA *(Please Print Clearly)*

MOTHER (First, Maiden & Last)

FATHER

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No

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?
 (Examples: Mr. and Mrs. John Miller; Ms. Veronica Smith; Mr. John Smith; Mrs. Veronica Smith)

If mail is to be sent to a second address, please complete:

Name:
Address:
Relationship:

BROTHERS / SISTERS IN ORDER OF BIRTH:

Name	Male/Female	Date of Birth
1.		
2.		
3.		
4.		

SACRAMENTAL INFORMATION of Applicant:

Date	Church	City and State
Baptism		
Reconciliation		
Holy Eucharist		
Confirmation		

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

Has your child ever:

- Had a psychological evaluation?** Yes No If yes, please provide a copy of the evaluation to complete enrollment.
- Been diagnosed with any of the following:**
 ADD (Attention Deficit Disorder) ADHD (Attention Deficit Hyperactive Disorder) ASD (Autism Spectrum Disorder) ODD (Oppositional Defiant Disorder) GAD (Generalized Anxiety Disorder)

Does your child take medication associated with this diagnosis? Yes No

If yes, please specify. _____

- Received any of the following services:**
 Counseling Emotional Support Gifted Support Remedial Math Remedial Reading
 Speech/Language Project Dart Learning Support Other

4. **Had an IEP?** Yes No

If yes, what is the disability? _____

Please submit a copy of the IEP.

5. **Had a 504 plan?** Yes No

If yes, what is the disability? _____

Please submit a copy of the 504.

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

If yes, please explain _____

7. **Repeated a grade?** Yes No If yes, which grade? _____ Why? _____

8. **Received a suspension from school?** Yes No If yes, please explain _____

9. **Been asked to leave a school in lieu of expulsion?** Yes No If yes, please explain _____

10. **Been expelled from school?** Yes No If yes, please explain _____

Parent/Guardian Signature _____

Date _____

Please return this Application with a non-refundable \$50.00 registration fee made payable to Saint Therese School.

In order for a student to be accepted and registration finalized, all documentation as noted on the bottom of this page must be submitted which includes receipt of academic and discipline records from the student's previous school. Families must also complete FACTS Tuition Management agreement in order for the enrollment process to be considered complete. Students applying for admission to grades 6-8 must interview with the principal or designee or provide a letter of recommendation from previous Principal or Parish Director of Religious Education prior to admission.

New students are accepted on a probationary basis. New students and their families should be cognizant of, and willing to comply with, all school expectations. If problems arise during the probationary period that have not been resolved to the satisfaction of both the school and the family, the student will be required to transfer.

For office use only:

Birth Certificate Baptism Certificate Immunization Pastor Verification Academic Records

Discipline Records Psychological Report (if applicable) Application Fee Registration Fee FACTS Agreement