



# Aquinas Academy

*\*A Pennsylvania Charitable Trust*

340 North Main Street, Greensburg, PA 15601

Phone: 724-834-7940 Fax No.: 724-836-0497

## REGISTRATION FOR GRADES PRESCHOOL - SIX---NEW STUDENT 2017-2018

Please return this Application Packet with a non-refundable fee of \$50.00. Make check or money order payable to Aquinas Academy.

As Aquinas Academy is a private, non-public institution, the administration reserves the right to terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time. False information on this and any of the application documents may cause a forfeit of admission consideration or enrollment if discovered after the student is accepted for enrollment.

The above statement and this application for admission are inclusive of all application documents.

STUDENT DATA: *Please Print*

PLEASE LIST STUDENT GRADE IN SEPTEMBER 2017: \_\_\_\_\_

KINDERGARTEN: Full Day \_\_\_\_\_ OR Half Day \_\_\_\_\_

Student's Last Name:		First:	Middle:
Address:			Male / Female (circle one)
City:	State:	Zip:	Phone:
*Birth Certificate No:	Date of Birth:	Age as of 9/1/17:	
Birth City / State:	Public School District: (where you live)		
Religion:	If Catholic, parish where registered: Location of Parish:		
Ethnicity (check one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island			
School Last Attended / Date Last Attended:		Address of School Last Attended:	

FAMILY DATA: *Please Print*

MOTHER (First & Last)

FATHER (First & Last)

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:

### GUARDIANSHIP (if applicable)

*Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical/shared custody.*

Student resides with:  Both Parents  Mother only  Father only  Shared Custody  Guardian

Student's legal guardian (if other than parent) : \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

### CHECK ALL THOSE THAT APPLY

- Parents Married       Parents Separated       Parents Divorced       Father Remarried       Father Deceased  
 Parents not married       Single Parent Family       Mother Remarried       Mother Deceased

OTHER IMPORTANT NOTES CONCERNING YOUR CHILD: \_\_\_\_\_  
\_\_\_\_\_

TUITION STATEMENTS SHOULD BE SENT TO: \_\_\_\_\_ Mother \_\_\_\_\_ Father

Or Other: Name: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**SACRAMENTAL INFORMATION:**

<u>DATE</u>	<u>CHURCH</u>	<u>ADDRESS</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Holy Communion	_____	_____
Confirmation	_____	_____

**BROTHERS / SISTERS IN ORDER OF BIRTH:**

<u>NAME (First &amp; Last)</u>	<u>DATE OF BIRTH</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please note any medical or dietary information necessary for management in an emergency situation, e.g. allergies, medication, special conditions:

Statement of Nondiscriminatory Acceptance Policy – Aquinas Academy will not discriminate on the basis of race, gender, or national origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance and learning needs, attendance, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic school within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.

\*A copy of the child's current immunizations from a physician must be presented with this application if the student is new to the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Date Registration Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Information Packet sent: \_\_\_\_\_ Records Requested: \_\_\_\_\_ Transportation Notified: \_\_\_\_\_



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## SWORN STATEMENT PERTAINING TO THE PRIOR CONDUCT OF A PUPIL SEEKING ADMISSION

Section 1304-A. of the Public School Code of 1949, as amended, and referenced in Section 4245 of the Diocese of Greensburg School Policies requires that prior to the admission of any student, the parent, guardian, or other person having control or charge of the student shall provide the following sworn statement or affirmation.

Name of Student \_\_\_\_\_

Has the student ever been suspended or expelled from any public or private school in Pennsylvania or in any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the suspension or expulsion involve weapons? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the suspension or expulsion involve alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the suspension or expulsion involve drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the suspension involve infliction of physical or emotional injury to another person? Yes \_\_\_\_\_ No \_\_\_\_\_  
This includes hurting others through technology (cyberbullying, texting, etc.).

Did the suspension or expulsion include any act of violence committed on school property, committed during a school event or an act of destruction to school property? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student been arrested and/or have you been or are you on juvenile probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any above question is "YES," explain the incident and circumstances in detail including the school, date of suspension or expulsion, and a final decision regarding the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear and affirm that the above information is true and correct. I understand that misrepresentation of the above data is a criminal act and punishable under the Pennsylvania Crimes Code.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent, Guardian, or other Person  
having Control or Charge of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Application Document Two – Reviewed 12-10-13  
Diocese of Greensburg*

*To be completed prior to admission and one time per acceptance to school building*

*Policy 4245*



# AQUINAS ACADEMY

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## HOME LANGUAGE SURVEY

### Used to determine a primary or home language other than English

Parents or guardians are asked to complete the following questions about the language use of your child. When appropriate, the child may answer the questions.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Telephone \_\_\_\_\_ Country of Origin \_\_\_\_\_  
(Area Code)

Other countries of residence (please list) \_\_\_\_\_

*Parents are not required to answer questions with regard to origin. However, even countries of origin whose primary language is English may have a dialect making it difficult for a child to understand American dialects.*

What was the first language your child learned to speak?  English  
Other: \_\_\_\_\_

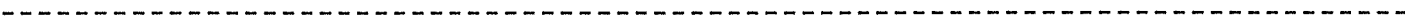
What language(s) does your child speak most often at home?  English  
Other: \_\_\_\_\_

What language(s) can your child read?  English  
Other: \_\_\_\_\_

What language(s) can your child write?  English  
Other: \_\_\_\_\_

What language(s) do you use when speaking to your child?  English  
Other: \_\_\_\_\_

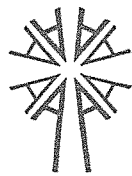
What language(s) is spoken most often in your home?  English  
Other: \_\_\_\_\_



Survey conducted/completed by \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Application Document Five – Reviewed 12-11-13  
Diocese of Greensburg To be completed prior to admission and one time per acceptance to school building  
Policy 4200*



# AQUINAS ACADEMY

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## PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

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

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

Current School Attending: \_\_\_\_\_

Address of School: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize Aquinas Academy to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

**Mr. Joseph J. Rice**  
Principal  
Aquinas Academy  
340 North Main Street  
Greensburg, PA 15601

Parent/Guardian, please sign and date below:

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

### RECORDS REQUESTED:

\_\_\_\_\_ Attendance Data

\_\_\_\_\_ Report Cards (Past and Current)

\_\_\_\_\_ Group Aptitude and Achievement Testing

\_\_\_\_\_ Health, Medical and Dental Records

\_\_\_\_\_ Personal History

\_\_\_\_\_ Psychological Reports

\_\_\_\_\_ Psychiatric Evaluations

\_\_\_\_\_ Special Education Due Process Papers and IEP

\_\_\_\_\_ Speech and Language Evaluations

\_\_\_\_\_ Instructional Support Plans and Summaries

\_\_\_\_\_ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list: \_\_\_\_\_

*Application Document Three – Reviewed 12-11-13*

*Diocese of Greensburg To be completed prior to admission and one time per acceptance to school building  
Policy Section 4200*

Phone: 724-834-7940  
E-mail: info@aquinasacademy.org

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Home Page: www.aquinasacademy.org



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February 2017

Dear Parents and Guardians of Students Enrolled for the 2017-2018 School Year:

Thank you for enrolling your child(ren) at Aquinas Academy for the 2017-2018 school year. We are pleased that you will be an important part of the life of our parish and school community throughout the school year.

As we prepare for the new school year, I am writing to remind you of the primary reason for our very existence as a Catholic school in the Diocese of Greensburg. As a Catholic school our primary purpose is to form students in the values of Jesus Christ and the teaching of the Catholic Church. While we maintain an outstanding academic program and a number of extra-curricular and athletic activities, we have the responsibility to make certain that Catholic values and moral integrity permeate every facet of our school's programs. In full partnership with you and your family, we are committed to upholding these principles which underlie our presence in the community as a Catholic school.

Attached to this letter is a Memorandum of Understanding asking you to affirm and support the information stated in the above paragraph. You are required to complete and sign one form for each of your enrolled children at this time and return it to my office as soon as possible. This is necessary for the registration process to be completed.

Again, thank you for enrolling your child(ren) at Aquinas Academy and for giving us the opportunity to help you educate your child(ren) spiritually, academically, emotionally, and physically.

En Lumen Christi,

Mr. Joseph J. Rice  
Principal

Revised August, 2014



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## CATHOLIC SCHOOL PARENTS 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 teachings of the Catholic Church.
2. Catholic schools are distinctive religious educational institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parishes, the diocese, or religious communities.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activities (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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed

Printed

Printed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Signature

Signature

\_\_\_\_\_

\_\_\_\_\_

Student's Name(Please Print)

School

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

**THIS MEMORANDUM MUST BE SIGNED AND DATED FOR EACH CHILD AND RETURNED WITH THE BEGINNING OF SCHOOL INFORMATION.**