

North Hills Regional Catholic Elementary Registration Form

Saint Sebastian School Campus (1 - 8)

307 Siebert Road * Pittsburgh, PA 15237

Office: (412) 364-7171

Email: 53441@diopitt.org

FAMILY DATA (Please Print Clearly)

MOTHER (First, Maiden & Last)

FATHER

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:
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

Please list any talents or interests you will be willing to share with the school:

CHILDREN UNDER 18 (Oldest to Youngest):

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

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

Name:

Address:

Relationship:

New students are accepted on a probationary basis (90 school days). New students and their families should be cognizant of, and willing to comply with, all school expectations. If problems arise during the probationary period which have not been resolved, the student will be required to transfer.

STUDENT DATA <i>(Please Print Clearly)</i>	ENTERING GRADE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
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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:	
Religion:	Parish where registered:	
Ethnicity: <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:	Address of Current School:	

GUARDIANSHIP (if applicable)

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 _____

SACRAMENTAL INFORMATION of Applicant:

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

Student's Name:	
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In order to provide the best education for your child, please complete the following:
Has your child ever:

37. Had a psychological evaluation? Yes No
38. Been diagnosed with any of the following:
 LD (Learning Disability) ADD (Attention Deficit Disorder) ADHD (Attention Deficit Hyperactive Disorder)
 ASD (Autism Spectrum Disorder) ODD (Oppositional Defiant Disorder) Other
- Does your child take medication associated with this diagnosis? Yes No _____
39. Received any of the following services:
 Counseling Emotional Support Gifted Support Remedial Math Remedial Reading
 Speech/Language Project Dart Learning Support Other
40. Had an IEP? Yes No If yes, what is the disability? _____
Please submit a copy of the IEP.
41. Been diagnosed with a medical condition that the school should be aware of? Yes No
If yes, please explain. _____
42. Repeated a grade. Yes No If yes, which grade? _____ Why? _____

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

44. Been asked to transfer? Yes No If yes, please explain _____

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

I hereby give permission for _____'s information to be released from his/her school into the possession of NHRCES
(Child's name)

Parent/Guardian Signature _____ Date _____

NHRCES is unable to honor IEPs or 504 Plans. Such documents, as well as school psychological evaluations, discipline files, court involvement, educational evaluations and standardized test results must be shared with the school in order to complete application. Omissions may nullify acceptance. All students transferring from another school are on probation for 90 school days.

No application will be considered complete until ALL FORMS AND PAYMENTS are submitted to the school office.

For office use only:

Deposit

REQUEST FOR SCHOOL AND HEALTH RECORDS

The following student has registered at Saint Sebastian School Campus - NHRCES

NAME _____ GRADE _____

NAME AND ADDRESS OF SCHOOL THAT STUDENT HAS BEEN ATTENDING:

PLEASE FORWARD: HEALTH & DENTAL RECORDS STANDARDIZED TEST RESULTS, GRADES, REPORTS, ETC.

PARENT'S SIGNATURE

Date

RECORDS TO BE SENT TO: Admissions at Saint Sebastian School - NHRCES

307 Siebert Road
Pittsburgh, PA 15237
(412) 364-5891