Diocese of Erie
Application Form
Elementary and Middle Schools

Name of School: Saints Cosmas and Damian School City: Punxsutawney

Dear Parents/Guardians,

Thank you for your interest in a Catholic school 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 to the school office. Once all necessary documents have been received, your application will be reviewed and you will be contacted. All information will be held confidential according to the Family Educational Rights and Privacy Act (FERPA) regulations. Completion of this application does not guarantee enrollment. In addition, it should be noted that based on a review of the data received through this application process, the student may be accepted on a provisional basis for a specified time period.

Thank you again for your interest in Catholic education.

Rev. Nicholas J. Rouch
Vicar for Education

Please **PRINT** all information.

KINDERGARTEN
HALF DAY _____
FULL DAY _____

CHILD INFORMATION

Date _____

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 _____ 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 have Court Papers)**

Baptism _____
DATE CHURCH LOCATION CERTIFICATE VERIFIED

First Eucharist _____
DATE CHURCH LOCATION CERTIFICATE VERIFIED

Public School District of Residence _____ School Last Attended _____ From Grade _____ to Grade _____
NAME ADDRESS CITY STATE ZIP CODE

List all schools the child has previously attended

	Grade(s)	Year(s)

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

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

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

What language(s) does the child speak? _____ What language(s) is spoken in the home? _____

FAMILY INFORMATION

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

Child's Physical Description at Time of Application.

EYE COLOR	HAIR COLOR
HEIGHT	WEIGHT

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HEALTH INFORMATION

Original immunizations 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: _____

Records were copied on: _____
DATE

Initials: _____

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: _____

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 _____	_____

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 School Use Only

_____ REGISTRATION ACCEPTED

_____ REGISTRATION PROVISIONALLY ACCEPTED

_____ REGISTRATION DENIED

_____
DATE

_____
PRINCIPAL SIGNATURE

Rev. August 2012

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-A9b) 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