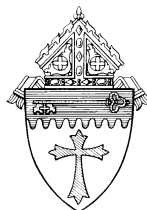


Diocese of Erie Application Form Elementary and Middle Schools



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.

CHILD INFORMATION

KINDERGARTEN

HALF DAY

FULL DAY

Date

Name

LAST

FIRST

MIDDLE

MaleFemaleGrade Child Would Be Entering

Date of Birth

/

/

Birth Certificate No.

Place of Birth

CITY

STATE

Religion

Address

HOUSE NO.

STREET

APT. NO.

LOT NO.

CITY

STATE

ZIP CODE

Phone

Child lives with: (Please Check) Both ParentsMotherFatherOtherLegal Custody with(Must have Court Papers)

Baptism

DATE

CHURCH

LOCATION

CERTIFICATE VERIFIED

First Eucharist

DATE

CHURCH

LOCATION

CERTIFICATE VERIFIED

Public School District of ResidenceSchool Last AttendedFrom Gradeto Grade

List all schools the child has previously attended	NAME Grade(s)	ADDRESS Year(s)	CITY	STATE	ZIP CODE

Did child ever repeat a grade?NoYes

Does child have difficulty learning?NoYes

Does child have any behavioral problemsNoYes

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

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: _____

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: _____

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 _____

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

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