



# Holy Sepulcher Catholic School

## Application for Admission

6515 Old Route 8 North, Butler, PA 16002

Phone: 724-586-5022\* Fax: 724-586-5073\* www.holysepulcher.org/school

**STUDENT DATA (Please Print Clearly)**

**ENTERING GRADE:** \_\_\_\_\_

|  |                                  |   |                |
|--|----------------------------------|---|----------------|
| Student's Last Name:   |                                  | First:  | Middle:        |
| Address:   |                                  |   | Male / Female: |
| City:  | State:                           | Zip:  | Phone:         |
| Date of Birth:   | 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:  | If Catholic, parish and diocese: |   |                |
| 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 (if any):   |                                  | Address of Current School:  |                |
| Dates Attended:  |                                  | Last Grade Completed:   |                |

**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

**Please list any talents or interests you will be willing to share with the school** \_\_\_\_\_

For office use only:

- Birth Certificate  Baptism Certificate  Immunization  Pastor Verification  Academic Records  
 Discipline Records  Psychological Report (if applicable)  Registration Fee

**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 \_\_\_\_\_

**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:**

|    | <b>Name</b> | <b>Male/Female</b> | <b>Date of Birth</b> |
|----|-------------|--------------------|----------------------|
| 1. |             |                    |                      |
| 2. |             |                    |                      |
| 3. |             |                    |                      |
| 4. |             |                    |                      |

**SACRAMENTAL INFORMATION of Applicant:**

|                | <b>Date</b> | <b>Church</b> | <b>City and State</b> |
|----------------|-------------|---------------|-----------------------|
| Baptism        |             |               |                       |
| Reconciliation |             |               |                       |
| Holy Eucharist |             |               |                       |
| Confirmation   |             |               |                       |

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

Has your child ever:

1. **Had a psychological evaluation?**  Yes  No
2. **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  
If yes, please specify. \_\_\_\_\_

3. **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. **Been diagnosed with a medical condition that the school should be aware of?**  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

6. **Repeated a grade.**  Yes  No If yes, which grade? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_

7. **Received a suspension from school?**  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

8. **Been asked to transfer?**  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

9. **Been expelled from school?**  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_

Please return this Application Packet with a non-refundable fee of \$ 100. Checks and money orders should be made payable to: Holy Sepulcher School.

In order for a student to be accepted and registration finalized, all documentation as noted on the bottom of the first page must be submitted.

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 which has not been resolved, the student will be required to transfer.