



QOA NEW STUDENT CHECKLIST

Please complete the following forms for each new student enrolling:

Registration Form

Home Language Survey

Initial Guidance Questionnaire

Parental Permission to Request and/or Release Records

Sworn Statement

Please provide copies of:

Birth Certificate

Transcript/Psychological Report

Immunization Records



REGISTRATION FOR ADMISSION 2022-2023

As **Queen of Angels Catholic School**, 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.

Will you need busing? If yes, what school district do you reside in? _____

STUDENT DATA: Please Print

PLEASE LIST STUDENT GRADE IN SEPTEMBER 2022

Student's Last Name:		First:	Middle:
Address:			Male / Female (circle one)
City:	State:	Zip:	Phone:
Date of Birth:	Birth Certificate No:	Age as of 9/1/21:	
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:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:

Student resides with: Both Parents Mother only Father only Guardian

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

GUARDIANSHIP (if applicable)

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

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

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 & 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, e.g. allergies, medication, special conditions:

*A copy of the child's immunization card must be presented with this application if the student is new to the school.

Statement of Nondiscriminatory Acceptance Policy – Queen of Angels Catholic School will not discriminate based on 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.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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 - Revised 1-5-12

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

Diocese of Greensburg

Policy 4200



INITIAL GUIDANCE QUESTIONNAIRE

Page one of two pages

Please Print the Information

Student Name: _____ Grade Entering: _____

Last School Attended: _____ Last Date Attended: _____

Parents/Legal Guardians: _____

Dear Parent/Guardian:

Because the goal of Queen of Angels Catholic School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents'/guardians' complete cooperation throughout the school year. Individual learning can be a complicated item for students. Providing the school with information regarding prior evaluations, assessments, and/or diagnoses can enhance the learning process.

In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in attempting to assess and meet your child's learning needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy.

Jennifer Filak, Principal

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

_____ YES _____ NO

2. If yes, prior evaluation was completed for one of the following reasons:

___ Learning ___ Intelligence ___ Behavior ___ Gifted Program
___ Other (Please explain)

3. Prior evaluation was completed for one or more of the physical reasons listed below:

___ Vision ___ Orthopedic ___ Hearing ___ Speech ___ Development
___ Other (Please explain)

(OVER)

4. Prior evaluation was conducted by one or more of the following:

Intermediate Unit (includes early intervention) Mental Health Private Practitioner School district

Other (Please explain)

5. Is your child currently identified as requiring special education services?

YES
 NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?

YES If yes, please present a copy to the school.

NO If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: _____

6. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP, etc.)

Print Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____



PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____

Student Date of Birth: _____

Current School Attending: _____

I hereby authorize Queen of Angels Catholic School 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:

Queen of Angels Catholic School
One Main Street
North Huntingdon, PA 15642
724-978-0144
724-978-0171-FAX

Parent/Guardian please sign and date below:

(Signature of Parent/Guardian) (Date)

Parent: This section will be filled out by our staff.

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

**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

Start of School Forms

At the beginning of each school year, we ask each family to complete additional paperwork. Because you are enrolling *after* the start of the school year, that paperwork is included with your registration.

- [Handbook Acknowledgement](#) -- online
- [Memorandum of Understanding](#) – online
- [Family Survey](#) -- online
- [COVID-19 Parental Acknowledgement 2021-2022](#) -- online
- Loan of Textbooks and Instructional Materials/Equipment – PDF packet
- Emergency Medical Card -- PDF packet



One Main Street
North Huntingdon, PA 15642

Dear Parent or Guardian:

State legislation authorizes the loan of textbooks, instructional materials, and equipment by the Secretary of Education to Pennsylvania children enrolled in kindergarten through grade 12 in nonpublic schools. Our school annually submits requests on behalf of your children for the specific textbooks, materials, and equipment to be loaned to your child(ren).

It is required, however, that a parent of each child attending the nonpublic school individually requests a loan of textbooks, instructional materials, and equipment. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return it to school immediately.

Thank you for your continued assistance and cooperation.

Very truly yours,

Jennifer Filak
Principal

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CERTIFICATE OF INDIVIDUAL REQUEST
FOR LOAN OF TEXTBOOKS AND
INSTRUCTIONAL MATERIALS/EQUIPMENT

I hereby request the loan of textbooks and instructional materials/equipment in accordance with the Pennsylvania School Code of 1949 for my child(ren) attending Queen of Angels Catholic School.

Date: _____

(Signed) _____
(Parent or Guardian)

This program is available only to Pennsylvania residents. This form is to remain on file at the school.