

Come join our family....



Queen of Angels
Catholic School

Application for Admission
2024-2025



One Main Street
North Huntingdon, PA 15642
Phone: 724-978-0144
Fax: 724-978-0177
www.queenofangelssch.org



ADMISSIONS PROCESS

Applying to Queen of Angels Catholic School is a simple, straightforward process, and the following will help guide you through the steps.

CAMPUS VISIT

Arrange for a campus visit by calling the school office at 724-978-0144. A visit may be scheduled prior to submitting an application or at any time during the admissions process.

APPLICATION

1. Complete the application, the parent questionnaire, and the student questionnaire for students entering grades seven through twelve.
2. Send the completed application to the school office along with the questionnaire(s). Please send application to:

**Queen of Angels Catholic School
One Main Street
North Huntingdon, PA 15642**



STUDENT QUESTIONNAIRE APPLICANTS ENTERING GRADES 5-8

STUDENT INSTRUCTIONS

Please take a moment to complete this questionnaire so we may learn more about you.

Your Name

First _____ Middle _____ Last _____

Applying for Grade _____

What is your favorite subject or activity in school? Explain.

Tell us about some of your extracurricular activities.

Describe an accomplishment of which you are particularly proud.

Is there anything else you would like the Admissions Committee to know about you?



PARENT QUESTIONNAIRE CONTINUED

Please comment on what you consider to be your child's greatest strengths.

What do you hope your child will gain by attending Queen of Angels Catholic School.

Please indicate any special circumstances that may have affected the educational progress of your child.

Signature of Parent or Guardian _____ Date _____



Application for Admission

APPLICANT INFORMATION

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Applying for Grade _____ Beginning September (year) _____ Age as of 9-1 _____ Male / Female (circle one)

Public School District (where you live) _____ Religion _____

Name and address of Catholic parish in which student is registered _____

Has the applicant ever attended another Catholic School? Yes No If yes, please list school and address _____

Race: American Indian/Native Alaskan Asian African American Native Hawaiian/Pacific Islander
 Caucasian Multi-racial

Ethnicity: Hispanic Non-Hispanic

Does applicant have any special educational or medical needs? Yes No If yes, please explain _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1) Full Name _____ Relation to Applicant _____

Religion _____ If Catholic, parish where registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email _____

Employed by _____ Job Title _____

Work Address _____

Work Telephone _____

Parent/Guardian (2) Full Name _____ Relation to Applicant _____

Religion _____ If _____ Catholic, _____ parish _____ where registered _____ Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email _____

Employed by _____ Job Title _____

Work Address _____

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

Are there any special custody circumstances? _____



APPLICATION FOR ADMISSION CONTINUED

CURRENT SCHOOL

Name _____ Phone _____

School Address _____

City _____ State _____ Zip _____

Date Entered _____ Current Grade _____

TUITION INFORMATION

Name of Individual Responsible for Tuition _____ Relation to Applicant _____

Address (if not a parent) _____

City _____ State _____ Zip _____ Phone _____

SACRAMENTAL INFORMATION

Baptism Date _____ Parish Name and Address _____

Reconciliation Date _____ Parish Name and Address _____

First Holy Communion Date _____ Parish Name and Address _____

Confirmation Date _____ Parish Name and Address _____

SIBLINGS

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

RELATIVES: PLEASE LIST ANY RELATIVES WHO HAVE ATTENDED OR ARE NOW ATTENDING Queen of Angels Catholic School

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

Statement of Nondiscriminatory Acceptance Policy: Queen of Angels Catholic School will not discriminate on the basis of race, color, sex, disability, or national and/or ethnic origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance, learning needs, attendance, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. While the school does not discriminate against students with disabilities, a full range of services may not always be available to them. Decisions concerning the accommodation of a student are based upon the student's emotional, academic, and physical abilities and the resources available to the school in meeting the student's needs. 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 _____

OFFICE USE ONLY

Date Received: _____ Non-refundable fee enclosed: _____ Date Paid: _____

Letter of Acceptance: _____ Information Packet Sent: _____ Records Requested: _____ Transportation Notified: _____



PARENT QUESTIONNAIRE ALL APPLICANTS

Parents or Guardians

The success of your child is important to us. Please complete the following questionnaire so that we may learn more about your child.

Name of person(s) completing this form

First _____ Last _____

Relationship to Applicant _____

What factors contributed to the decision to apply to Queen of Angels Catholic School.

What words or phrases come to mind when describing your child?

How did you hear about Queen of Angels Catholic School?