



Blessed Trinity Academy

2510 Middle Road, Glenshaw PA 15116

Office: 412-486-7116

Email: secretary@btacademy.net

Website: <http://www.nhrces.org/trinity>



2018-2019 North Hills Regional Catholic Elementary Registration Form

FAMILY DATA (Please Print Clearly) _____

MOTHER (First, Maiden & Last)	FATHER
Name:	Name:
Address	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell 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

Transportation: Child will be a: Car Rider Walker Bus Rider School District: _____

Please list any talents or interests you will be willing to share with the school:

CHILDREN UNDER 18 (Oldest to Youngest):

	Name	Male/Female	Date of Birth
1.			
2.			
3.			
4.			

If mail is to be sent to a second address, please complete:

Name:
Address:
Relationship:

New students are accepted on a probationary basis (90 school days). 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 have not been resolved, the student will be required to transfer.

STUDENT DATA <i>(Please Print Clearly)</i>	ENTERING GRADE:	<input type="checkbox"/> PS 3 ~ 2 Half days <input type="checkbox"/> PK 4 ~ 3 Half days <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
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STUDENT DATA <i>(Please Print Clearly)</i>	ENTERING GRADE:	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
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ENTERING GRADE: <i>(please check one)</i>	PRE-SCHOOL 3	PRE-KINDERGARTEN 4
	<input type="checkbox"/> PS 3 ~ 2 Half days	<input type="checkbox"/> PK 4 ~ 3 Half days
	<input type="checkbox"/> PS 3 ~ 5 Half days	<input type="checkbox"/> PK 4 ~ 5 Half days
	<input type="checkbox"/> PS 3 ~ 2 Full days	<input type="checkbox"/> PK 4 ~ 3 Full days
	<input type="checkbox"/> PS 3 ~ 5 Full days	<input type="checkbox"/> PK 4 ~ 5 Full Days

STUDENT DATA *(Please Print Clearly)*

Student's Last Name:	First:	Middle:
Address:		Male / Female:
City:	State:	Zip:
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:	Parish where registered:	
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:	Address of Current School:	

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 _____

SACRAMENTAL INFORMATION of Applicant:

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

STUDENT'S NAME:	
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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 _____

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** _____

NHRCES is unable to honor IEPs or 504 Plans. Such documents, as well as school psychological evaluations, discipline files, court involvement, educational evaluations and standardized test results must be shared with the school in order to complete application. Omissions may nullify acceptance. All students transferring from another school are on probation for 90 school days.

Please submit the following information with each child's registration:

- \$200 Deposit
- Birth Certificate
- Baptism Certificate
- Immunization records

No application will be considered complete until ALL FORMS AND PAYMENTS are submitted to the school office.

Please return this Application with a **non-refundable** deposit of \$200.00
(This will be applied towards your first tuition payment)

Checks and money orders should be made payable to:	<i>Blessed Trinity Academy 2510 Middle Road Glenshaw, PA 15116</i>
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HOME LANGUAGE SURVEY*

2018



The Civil Rights Law of 1964, Title VI, requires that school districts/charter schools identify Limited English Proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: _____ Date: _____

School: _____

Student's Name: _____ Grade: _____

1. What was the student's first language? _____

2. Does the student speak a language other than English?

If yes, specify language _____
(Do not include languages learned in school.)

3. What language(s) is/are spoken in your home?

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.



REQUEST FOR SCHOOL AND HEALTH RECORDS

The following student has registered at Blessed Trinity Academy.

NAME _____

GRADE _____

NAME AND ADDRESS OF SCHOOL THAT STUDENT HAS BEEN ATTENDING:

PLEASE FORWARD: HEALTH & DENTAL RECORDS STANDARDIZED TEST RESULTS, GRADES, REPORTS, ETC.

PARENT'S SIGNATURE

Date

PLEASE SEND RECORDS TO: Admissions at

Blessed Trinity Academy
2510 Middle Road
Glenshaw, PA 15116



CATHOLIC SCHOOL PARENTS MEMORANDUM OF UNDERSTANDING



As a parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the diocese, or religious community.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father:

Mother:

Guardian:

Printed

Printed

Printed

Signature

Signature

Signature

Student's Name (Please Print)

School

Date: _____

REGISTRATION FORM MUST BE ACCOMPANIED BY A SIGNED AND DATED MEMORANDUM OF UNDERSTANDING