

St. James School



Excellent Minds. Exceptional Hearts.

Saint James School
North Hills Regional Catholic Elementary Schools

201 Broad Street, Sewickley, PA 15143

Office: 412-741-5540

Email: ckunz@stjameschool.us



Please submit all forms given to you in order for the application to be complete.
All places for signatures must be signed.

APPLICATIONS FOR Grades K through 8 should fully complete the enclosed papers.

We must have a copy of the following:

- Child's Birth Certificate
- Child's Baptismal Certificate (if other than St. James Parish)
- Child's Immunization Record
- Child's Current School Records and Report Card for Current Year-to-Date
- Any Pertinent Custody Papers (if applicable)

Please sign and take the enclosed "Request for Records" form and submit it to the student's present school. This gives that school permission to forward all scholastic and health records to us.

Saint James School-NHRCES reserves the freedom to evaluate your child's placement and academic success during the first 90 days of the fall term, so that the needs of your child can be totally met.

**All applications should be turned in to Saint James School office along with
a non-refundable fee of \$200 payable to Saint James School.
This fee will be deducted from your family's tuition.**

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



North Hills Regional Catholic Elementary Registration Form



St. James School
201 Broad Street, Sewickley, PA 15143
Office: (412) 741-5540 Email: ckunz@stjameschool.us

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"/> PK 4 ~ 3 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:	
Previous Schools and Grade(s) Attended (if applicable):	Addresses of Previous School(s):	

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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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

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

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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's Name: _____

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 _____

I hereby give permission for _____ 's information to be released from his/her school into the possession of
NHRCES (Child's name)

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.

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

For office use only:

Please submit the following information with registration:

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

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: St. James School
201 Broad Street
Sewickley, PA 15143

Saint James School ~ NHRCES
HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for them. 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?** Yes No
(Do not include languages learned in school.) **If yes, please specify language:** _____

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

Parent/Guardian Signature: _____

The school district/charter school/full day AVTS 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/full day AVTS 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/full day AVTS 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/full day AVTS in the future.

CERTIFICATE OF INDIVIDUAL REQUEST
FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS

(This simply states your awareness that Pennsylvania tax monies are used in order to purchase textbooks.)

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my child(ren) attending Saint James School-NHRCES.

Student Names: _____

Date: _____ **Parent/Guardian Signature:** _____

**CATHOLIC SCHOOL PARENTS
MEMORANDUM OF UNDERSTANDING
Saint James School - NHRCES**

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

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REQUEST FOR SCHOOL AND HEALTH RECORDS

The following student has registered at Saint James School - NHRCES

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: Saint James School - NHRCES
201 Broad Street
Sewickley, PA 15143
412-741-5540