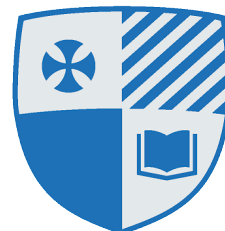




North Hills Regional Catholic Elementary Registration Form



Blessed Trinity Academy PreK-8th Grade

2510 Middle Road Glenshaw, PA 15116

<https://nhrces.org/trinity>

Office: (412) 486-7611

Email: secretary@btacademy.net

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:

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.

ENTERING GRADE: <i>(please check one)</i> <i>In order to make our program viable, it is necessary to set a minimum number of students for any section of the program at 5.</i>	PRE-SCHOOL 3 <input type="checkbox"/> PS 3 ~ 2 Half days (Tues & Thurs.)	PRE-KINDERGARTEN 4 <input type="checkbox"/> PK 4 ~ 3 Half days <input type="checkbox"/> PK 4 ~ 3 Full days
	Students K-8th 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	

STUDENT DATA *(Please Print Clearly)*

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:		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			
Will your child need public school transportation?		If so, which school district?	
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: _____

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
- Baptism 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: Blessed Trinity Academy
2510 Middle Road
Glenshaw, PA 15116



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

Blessed Trinity Academy
2510 Middle Road
Glenshaw, PA 15116