



Divine Mercy
Academy

(Please Print and Submit this form with the Non-Refundable Deposit of \$100.00)

Registration Form

245 Azalea Drive, Monroeville, PA 15146-1729

Phone: (412) 372-7255 Fax: (412) 372-7649

Website: www.dmapgh.org

All registration forms must be accompanied by the appropriate paperwork and are subject to approval by the principal.

STUDENT DATA *(please print clearly)*

ENTERING GRADE:

Student's Last Name:		First:	Middle:
Address:			Male / Female:
City:	State:	Zip:	Phone:
Date of Birth:	Age as of September 1 st : (Kindergarten students must be 5 by September 1 st)		
Public School District of Residence : (Taxes paid to)		Public School Building this student would attend, if not enrolled here:	
Religion:		If Catholic, parish and diocese:	
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 (if any):		Address of Current School:	

TRANSPORTATION: Child will be a: Car Rider Walker Bus Rider*

*You must check with your home school district and follow their procedure to register for transportation.

FAMILY DATA *(Please Print Clearly)*

MOTHER (First, Maiden & Last)/Parent/Guardian #1

FATHER/Parent/Guardian # 2

Name:	Name:
Address:	Address:
Relationship to Student:	Relationship to Student:
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

*Please provide at least one email address. A large portion of communication by the school is done via email especially over the summer months.

Student resides with: Both Parents Mother only Father only Joint Custody Other

Parents/Guardians Marital Status: Married Separated Divorced Widowed Single Parent

**OFFICE USE ONLY:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptism Certificate (if applicable) | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Pastor Verification (if applicable) |
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Psychological Report (if applicable) | <input type="checkbox"/> FACTS Tuition Account |
| | | | <input type="checkbox"/> Registration Fee |

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

Mail will be sent to student's address. How do you wish correspondence from the school to be addressed?

(Examples: Mr. & Mrs. John Miller; Ms. Veronica Smith; Mr. John Smith; Mrs. Veronica Smith)

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

Name:
Address:
Relationship:

BROTHERS / SISTERS IN ORDER OF BIRTH:

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

***SACRAMENTAL INFORMATION of Applicant:**

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

***If Baptized Catholic, you must provide a copy of the baptismal certificate upon registration.**

If you have received any of the other sacraments listed, also provide a copy of those certificates upon registration.

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

If yes, please specify. _____

Does your child require medication during the school day? Yes No

*If your child requires medication during the school day, a physician's note accompanied with a parental permission slip must be on file. Parental permission slips may be obtained from the school office.

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 _____

New students are accepted on a probationary basis. New students and their families should be cognizant of, and willing to comply with all school expectations. If problems arise during the probationary period (90 days) which have not been resolved, the student will be required to transfer.

Parent/Guardian Signature _____ Date _____

Please return this Application Packet with a non-refundable fee of \$100. Registration fee will be applied towards the tuition. Checks and money orders should be made payable to: **PERCES - DMA.**

In order for a student to be accepted and registration finalized, all documentation as noted on the bottom of the first page must be submitted. Arrangements may be made in regards to physician/dental forms due to delayed/summer appointments by contacting the school office.

All registrations are subject to approval by the building principal.

Principal Signature _____ **Date** _____

Home Language Survey

First Name: _____ Last Name: _____

What was your child's first language? _____

Does your child speak a language other than English? Yes No

If yes, specify language(s) _____

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