



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

Divine Mercy Academy

# Registration Form

245 Azalea Drive, Monroeville, PA 15146-1729

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

Website: [www.dmapgh.org](http://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 and answer all sections in full) ENTERING GRADE:

Student's Last Name:	First:	Middle:
Address:		Male / Female:
City:	State:	Zip:
Date of Birth:	Age as of September 1 <sup>st</sup> : (Kindergarten students must be 5 by September 1 <sup>st</sup> )	
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:

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**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)*

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

Name:
Address:
Relationship:

**BROTHERS / SISTERS IN ORDER OF BIRTH:**

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

**\*SACRAMENTAL INFORMATION of Applicant:**

	<b>Date</b>	<b>Church</b>	<b>City and State</b>
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 registration fee of \$100. Checks and money orders should be made payable to: **Divine Mercy Academy.**

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** \_\_\_\_\_

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**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? \_\_\_\_\_