

Ave Maria Academy

(The Merger of St. Anne, St. Bernard, Our Lady of Grace, and St. Thomas More Schools)

REGISTRATION 2020-2021

Campus Preference:

Bethel Park Campus

134 Fort Couch Road, Pittsburgh, PA 15241

Mt. Lebanon Campus

401 Washington Road, Pittsburgh, PA 15216

Please return this completed application packet along with a \$100 non-refundable registration fee to either campus.
Checks and money orders should be made payable to Ave Maria Academy.

FAMILY NAME _____

Today's Date _____

FAMILY DATA (Please Print Clearly)

MOTHER/Guardian (First, Maiden & Last)

FATHER/Guardian

Name:	Name:
Address:	Address:
<input type="checkbox"/> Send Mail to this Address	<input type="checkbox"/> Send Mail to this 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 DATA: List the child(ren) you are registering starting with the oldest child and including preschool.

If interested in preschool, please complete Preschool Interest Form

Name	Grade in Sept. 2020	Date of Birth	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT DATA (Please Print Clearly)

Student(s) resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other (specify)	
Current School (if any):	Address of Current School:
Public School District in which Student(s) Resides:	Public School Building student(s) would attend if not enrolled here:
Religion:	If Catholic, parish:
Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other (*for PDE forms)	

CHECK ALL THOSE THAT APPLY

- Parents Married
- Parents not married
- Mother Deceased

- Parents Separated
- Single Parent Family
- Father Deceased

- Parents Divorced
- Mother Remarried
- Father Remarried

GUARDIANSHIP (if applicable)

Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical, or shared custody

Student's legal guardian (if other than parent) _____

Relationship to the student _____

In order for a student to be accepted and registration finalized, all documentation as noted on the bottom of this page must be submitted.

As (South Hills Catholic School Merger) is a private, non-public institution, the administration reserves the right to refuse or terminate the enrollment of a student for any reason and at any time. Students are accepted on a 90-day probationary period. 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. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time. False information on this and any of the application documents may cause a forfeit of admission consideration or enrollment if discovered after the student is accepted for enrollment. The above statement and this application for admission are inclusive of all application documents. Completion of this application also serves as an agreement to comply with all financial obligations for continued student enrollment.

(South Hills Catholic School Merger) does not discriminate on the basis of race, color, religion (creed), age, national origin (ancestry), or disability in the enrollment and education of students.

I verify that all information provided in this registration form is correct and true.

Parent/Guardian Signature _____

Date _____

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date Received _____ Paid: Cash _____ Check# _____ Other _____

- Birth Certificate
- Baptism Certificate
- Immunization
- Pastor Verification
- Academic Records
- Discipline Records
- Psychological Report (if applicable)

STUDENT INFORMATION-PLEASE FILL OUT ONE PER STUDENT

Student's Name (Last, First) _____

SACRAMENTAL INFORMATION of Applicant:

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

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) ASD (Autism Spectrum Disorder)
 ADHD (Attention Deficit Hyperactive Disorder) ODD (Oppositional Defiant Disorder) Other

Does your child take medication associated with this diagnosis? Yes No

If yes, please specify. _____

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 a Growth Plan? Yes No If yes, what is the disability? _____

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 _____

Please note any information necessary or for management in an emergency situation

Examples: Medical or dietary special conditions, Diagnosis of Special Needs
