



**AVE MARIA ACADEMY**  
CATHOLIC VALUES • ACADEMIC EXCELLENCE

**2021-2022 REGISTRATION FORM**

Date registration form received with fee: \_\_\_\_\_

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 registration form 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 INFORMATION** (*Please Print Clearly*)

**MOTHER/Guardian (First, Maiden & Last)**

**FATHER/Guardian**

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<input type="checkbox"/> Send Mail to this Address	<input type="checkbox"/> Send Mail to this Address
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>E-mail:</b>	<b>E-mail:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Employer:</b>	<b>Employer:</b>
<b>Business Phone:</b>	<b>Business Phone:</b>
<b>Religion:</b>	<b>Religion:</b>
<b>Parish where registered:</b>	<b>Parish where registered:</b>
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 enrolling in preschool, please also complete Preschool Selection Form\**

<u>First &amp; Last Name</u>	<u>Grade in Sep 2021</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT DATA** (*Please print clearly and answer all sections.*)

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 (please 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 Islander <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

**TRANSPORTATION**

Bussing is provided by the school district in which you reside. Write the name of the school district your child(ren) lives in below, and indicate whether or not they will riding the bus to school. If your child(ren) live in 2 different school districts, please list both school districts.

\_\_\_\_\_ School District

- My child(ren) will be riding the bus to school.
- My child(ren) will NOT be riding the bus to school.

**GUARDIANSHIP (only 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 Ave Maria Academy 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.

Ave Maria Academy 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: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Other: \_\_\_\_\_

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

**AVE MARIA ACADEMY 2021-2022**

**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

\_\_\_\_\_



**2021-2022 PRESCHOOL SELECTION FORM**

To register for preschool, you must complete the 2021-2022 Registration Form, Preschool Selection Form, provide a copy of your child's birth certificate, and pay the \$100 (per family) non-refundable registration fee. Your child's registration is not finalized until you have submitted all of the above.

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<b>Parent's Names:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>E-mail:</b>	

Please fill out the information below and put an X under the Preschool Program you are selecting for your child.

Student's Name: (first and last name)	Date of Birth (mm/dd/yyyy)	Gender M or F	Has your child participated in the DART program? Y or N	3 Year <u>Preschool</u>	4 Year <u>Preschool</u>	4 Year <u>Pre- Kindergarten</u>
				2 Half Days \$1550	3 Half Days \$1980	5 Full Days \$5500

**Preschool Programs will be offered at both campuses and are contingent upon enrollment.**

3 Year Preschool Program – 2 half days from 8:30 AM – 11:30 AM. Tuition is \$1550.

4 Year Preschool Program – 3 half days from 8:30 AM – 11:30 AM. Tuition is \$1980.

4 Year Pre-Kindergarten Program – 5 full days from 8:30 AM – 2:30 PM. Tuition is \$5500.

**Please note that the multi-child family discount does not apply to Preschool tuition.**

2021-2022



**PASTOR VERIFICATION FORM**



*For Attendance at a Catholic Elementary School in the Diocese of Pittsburgh*

Family Name: \_\_\_\_\_

	<u>Student Name</u>	<u>2021-22 School</u>	<u>2021-22 Grade</u>	<u>Principal Verification</u> (Please Initial)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Y    N

\_\_\_\_\_    \_\_\_\_\_    The child(ren) listed above is/are baptized.

\_\_\_\_\_    \_\_\_\_\_    The family is a registered participating member of the parish.

\_\_\_\_\_  
Pastor or Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comments

\_\_\_\_\_  
Parish Name

\_\_\_\_\_  
Location #

**Note to Parents: If you are a member of a parish without a school or your school has no room or an incomplete K-8 program, you must have your pastor sign this form and present it to the school principal before the first day of school.**

**Note to Principal: Please initial the last column for each child who attends your school in the current year and remit a copy of all forms (only families from Catholic parishes without schools or families from parishes with schools who have no room or an incomplete K-8 program) to the Department for Catholic Schools.**

**Note to Pastor: Signing this form in no way affects your parish assessment for the Diocesan Elementary School Grant Program. If you are a pastor with a school and are signing for parents to attend another school, please indicate the circumstances under "comments" (i.e. no room, no 7<sup>th</sup> or 8<sup>th</sup> grade, etc.).**