



# Holy Cross Academy ( Pre 3 & Pre 4)

307 Siebert Road, Pittsburgh PA 15237

Office: 412-364-7171

Email: schooloffice@holycrossacademypgh.org



## 2021-2022 North Hills Regional Catholic Elementary Registration Form

### FAMILY DATA (Please Print Clearly)

#### MOTHER (First, Maiden & Last)

#### FATHER

<b>Name:</b>	<b>Name:</b>
<b>Address</b>	<b>Address:</b>
<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>
<b>Catholic School Alumni</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Catholic School Alumni</b> <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):

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

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

<b>Name:</b>
<b>Address:</b>
<b>Relationship:</b>

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.

**Note: In order to make our preschool programs viable, it is necessary to set the minimum number of students in any section of the program at 5 students.**

<b>ENTERING GRADE:</b> <i>(please check one)</i>	<b>PRE-SCHOOL 3</b>	<b>PRE-KINDERGARTEN 4</b>
	<input type="checkbox"/> PS 3 ~ 2 Half days <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> PK 4 ~ 3 Half days <input type="checkbox"/> PK 4 ~ 5 Half days <input type="checkbox"/> PK 4 ~ 3 Full days <input type="checkbox"/> PK 4 ~ 5 Full Days

**STUDENT DATA** *(Please Print Clearly)*

<b>Student's Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Address:</b>		<b>Male / Female:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date of Birth:</b>	<b>Age as of September 1:</b>	
<b>Public School District of Residence (Taxes paid to):</b>	<b>Public School Building this student would attend, if not enrolled in:</b>	
<b>Religion:</b>	<b>Parish where registered:</b>	
<b>Ethnicity:</b> <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		
<b>Current School:</b>	<b>Address of Current School:</b>	

**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:**

	<b>Date</b>	<b>Church</b>	<b>City and State</b>
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

<b>STUDENT'S NAME:</b>	
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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**

**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.

Please submit the following information with each child's registration:

- \$200 Deposit
- Birth Certificate
- Baptism Certificate
- 

**No application will be considered complete until ALL FORMS AND PAYMENTS are submitted to the school office.**

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:	Holy Cross Academy, 307 Siebert Road. Pittsburgh, PA 15237
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# HOME LANGUAGE SURVEY\*

## 2021

The Civil Rights Law of 1964, Title VI, requires that school districts/charter schools identify Limited English Proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What was the student's first language? \_\_\_\_\_

2. Does the student speak a language other than English?

If yes, specify language \_\_\_\_\_

(Do not include languages learned in school.)

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

\_\_\_\_\_

\_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

**REQUEST FOR SCHOOL AND HEALTH RECORDS**

The following student has registered at Holy Cross 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 Holy Cross Academy  
307 Siebert Road  
Pittsburgh, PA 15237

**CATHOLIC SCHOOL PARENTS  
MEMORANDUM OF UNDERSTANDING**

As a parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the diocese, or religious community.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father:

Mother:

Guardian:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
School

Date: \_\_\_\_\_

**REGISTRATION FORM MUST BE ACCOMPANIED BY A SIGNED AND DATED MEMORANDUM OF  
UNDERSTANDING**