



South Hills Catholic Academy Registration Form

550 Sleepy Hollow Road, Suite 2, Pittsburgh, PA 15228

412-631-3131 info@shcacademy.com SHCAcademy.com



STUDENT DATA *(Please Print Clearly)*

TODAY'S DATE _____

ENTERING GRADE (Circle One): PS-4 (Full) PS-4 (1/2) K 1 2 3 4 5 6 7 8

Student's Last Name:	First Name:	Middle Name:
Address:		Male / Female:
City:	State:	Zip:
Date of Birth:		Phone:
Age as of September 1:		
Public School District of Residence (Taxes Paid To):	Public School Building Student Would Otherwise Attend:	
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 Applicable):	Address of Current School:	
If Registering for Preschool, Do You Intend to Continue Your Child's Education at South Hills Catholic Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Pease Explain:		

TRANSPORTATION: Car Rider Walker Bus Rider After School GAP

FAMILY DATA *(Please Print Clearly)*

Parent / Guardian #1

Parent / Guardian #2

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Email Address:	Email Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer:	Employer:
Occupation:	Occupation:
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 Resides With: Both Parents Mother Only Father Only Joint Custody Other

In Order To Provide The Best Education For Your Child, Please Answer The Following Questions:

1. **Has Your Child Ever Had a Psychological Evaluation?** Yes No

2. **Has Your Child Ever Been diagnosed with a Learning Disability by a Physician?**
 Yes No An Evaluation is in Progress
If Yes, What is the Diagnosis? _____

3. **Has Your Child Ever Received Any of the Following Services?**
 No Counseling Emotional Support Gifted Support Learning Support Project DART
 Remedial Math Remedial Reading Speech/Language Other _____

4. **Has Your Child Ever Had an IEP?** Yes No **If Yes, Please Indicate the Disability and Submit a Copy of the IEP to the School Office** _____

5. **Has Your Child Ever Been Diagnosed with a Medical Condition that the school Should be Made Aware Of?**
 Yes No **If Yes, Please Explain:** _____

6. **Has Your Child Ever Repeated a grade?** Yes No **If Yes, Which Grade?** _____ **Why?** _____

7. **Has Your Child Ever Received a Suspension From School?** Yes No **If Yes, Please Explain** _____

8. **Has Your Child Ever Been Asked to Transfer?** Yes No **If Yes, Please Explain** _____

9. **Has Your Child Ever Been Expelled from School?** Yes No **If Yes, Please Explain** _____

Parent/Guardian Signature _____ **Date** _____

Please return this Application Packet with a non-refundable fee of \$100.00 per family. This amount will be deducted from the first tuition payment. Checks and money orders should be made payable to South Hills Catholic Academy.

In order for a student to be accepted and registration finalized, all documentation must be submitted. A list of required documents may be found in the school office or on the South Hills Catholic Academy website at SHCAcademy.com/school-forms.

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, which have not been resolved, the student will be required to transfer.