



# South Hills Catholic Academy Registration Form



550 Sleepy Hollow Road, Suite 2, Pittsburgh, PA 15228  
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## 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:
Phone:		
Date of Birth:	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, Please Explain:		

TRANSPORTATION:  Car Rider  Walker  Bus Rider  After School GAP

## FAMILY DATA *(Please Print Clearly)*

### Parent / Guardian #1

### Parent / Guardian #2

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Employer:	Employer:
Occupation:	Occupation:
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 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, Pease Explain** \_\_\_\_\_  
\_\_\_\_\_
  
8. **Has Your Child Ever Been Asked to Transfer?**  Yes  No **If Yes, Pease Explain** \_\_\_\_\_  
\_\_\_\_\_
  
9. **Has Your Child Ever Been Expelled from School?**  Yes  No **If Yes, Pease 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 as noted on the bottom of this page must be submitted.

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.

For office use only:

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