



St. John the Baptist School  
 418 Unity Center Rd.  
 Pittsburgh, PA 15239  
 412/793-0555  
 412/793-4001 (FAX)  
 www.opvcatholic.org

**STUDENT DATA (Please Print Clearly)**

**ENTERING GRADE:** \_\_\_\_\_

Student's Last Name:		First:	Middle:
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 this student would attend, if not enrolled in:	
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 any):		Address of Current School:	

**TRANSPORTATION: Child will be a:**       Car Rider                       Walker                       Bus Rider

**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>Emergency Phone:</b>	<b>Emergency 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 <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	<b>Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No</b>

**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** \_\_\_\_\_

For office use only:

Birth Certificate     Baptism Certificate     Immunization     Pastor Verification     Academic Records

Discipline Records     Psychological Report (if applicable)     Registration Fee – Non-refundable \$50.00

**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 \_\_\_\_\_

**Mail will be sent to student's address. How do you wish correspondence from the school to be addressed?**

(Examples: Mr. and Mrs. John Miller; Ms. Veronica Smith; Mr. John Smith; Mrs Veronica Smith)

\_\_\_\_\_

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

Name:
Address:
Relationship:

**BROTHERS / SISTERS IN ORDER OF BIRTH:**

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

**SACRAMENTAL INFORMATION of Applicant:**

	<b>Date</b>	<b>Church</b>	<b>City and State</b>
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)  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

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 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** \_\_\_\_\_

Please return this Application Packet with a non-refundable fee of \$ 50.00.  
Checks and money orders should be made payable to St. John the Baptist School.

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