

Our Lady of Trust Catholic Academy

Registration Form

2016/2017



Section I

Applying for Grade: _____ Sex: _____ DOB: _____

Child's Legal Name: _____ Age: _____

Legal Address: _____ Tel #: _____

Social Security #: _____ Alien Registration Card #: _____

Place of Birth: _____ Is the child a U.S. Citizen? Yes ___ No ___

Child's Religion: _____ Parish / Church Affiliation: _____ envelope # _____

Section II

Mother's Legal Name: _____ Maiden Name: _____

DOB: _____

Legal Address: _____

Home Tel #: _____ Cell #: _____ Email Address _____

Mother's Religion: _____ Place of Birth: _____ U.S. Citizen: Yes ___ No ___

Employer's Name: _____ Occupation: _____

Business Address: _____ City _____ State _____ Zip _____

Business Tel #: _____ Business Email: _____

Section III

Father's Legal Name: _____ D.O.B: _____

Legal Address: _____

Home Tel #: _____ Cell #: _____ Email Address: _____

Father's Religion: _____ Place of Birth: _____ U.S. Citizen: Yes ___ No ___

Employer's Name: _____ Occupation: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Business Tel #: _____ Business Email: _____

All Mail Correspondence Should be sent to: _____

Section IV

Who is the legal custodian of the child? _____
If applicable, a copy of the Court Custody Papers must be on file in the school.

With whom does your child live? _____

The child's parents are presently: _____ Married _____ Separated _____ Divorced.
_____ Single Parent _____ Living Together

If the child lives with a guardian, what is the relationship to the child? _____

Are there siblings? _____ Yes _____ No (If yes, please fill out chart below)

Names of Siblings who live at home with this child:

Name	Relationship	DOB

Is your child bilingual? _____ Yes _____ No.

If yes, what other languages are used in the home? _____

Does your child read/write in a language other than English? _____ Yes _____ No

Section V

Name of the school your child currently attends: _____

Address of the school: _____

City: _____ State: _____ Zip Code: _____

Present Grade: _____ Number of years in attendance: _____

Reason for Leaving: _____

Our Lady of Trust Catholic Academy is mandated to check with previously attended Catholic Schools to make certain there are no outstanding financial obligations remaining with that school. You must secure a letter from the previous school stating that all financial obligations have been resolved satisfactorily.

Has the child ever been retained? _____ Yes _____ No In what grade was the retention? _____

What was the reason for the retention? _____

Does the child have an I.E.P? _____ Yes _____ No. When was the last re-evaluation? _____

Does your child receive any outside NYCDOE or private services that are remedial in nature? _____ Yes _____ No

Our Lady of Trust Catholic Academy reserves the right to insist that a child be evaluated in order to determine how to best serve the needs of that child. The evaluation can be done by the N.Y.C. Dept. of Ed., or by a private organization. A complete copy of the evaluation must be made available to the school at the time of registration or upon the completion of the evaluation. Failure to do so could result in the cancellation of registration or removal of the child from our school.

Please check any of the following that apply to your child

Gifted Program	Student I. E. P
Resource Room	Independent Learning Program
Special Services	Remediation
Title I Services	Guidance / Counseling
Private Tutoring	Peer Tutoring
Diocesan Scholarship Aid	Private Scholarship Aid

If your child currently receives any form of scholarship assistance please identify the source of that aid. _____

Does your child have any allergies (rash, itching, swelling, difficulty in breathing)? Please describe the condition: _____

Does your child have any special needs that in any way restrict him/her (hearing loss, visual impairment, seizures etc.)? Please describe the restriction: _____

What are your child's special interests? _____

How would you evaluate your child's social development? ___ Good ___Average ___Poor

How would you evaluate your child's motor skills? ___ Good ___Average ___Poor

How would you evaluate your child's language development? ___ Good ___Average ___Poor

How would you rate your child's ability to handle change? ___ Good ___Average ___Poor

Does your child have a specific fears or situations/things that produce anxiety: ___ ___ Yes ___ ___ No

Please describe: _____

Have there been any major changes in your child's life within the past year? _____

Is there anything else you would like us to know about your child? _____

Why do you want your child to attend Our Lady of Trust Catholic Academy?

How did you hear about Our Lady of Trust Catholic Academy?

Parent Referral Tuition Discount

Please take advantage of our Affinity Program. Recommend a new student to the school. **When the student registers and remains for the school year, the last two tuition payments for both families will be FREE!** Both families tuition must be current.

Section VI

Sacraments	Date	Name of Church	Location
Baptism			
First Penance			
First Eucharist			
Confirmation			

Do you wish your child to be prepared for the following sacraments at one of our aligned parishes?

_____Baptism _____First Penance _____First Eucharist _____Confirmation.

Are you willing to support the Family Programs that are a part of sacrament preparation? _____Yes _____No

Regular attendance at Sunday Mass or your local House of Worship is a critical component of our faith and the values we try to impart to the child. That commitment must be shared by you as well if faith is to take seed in the child and flourish.

Section VII

All families are required to provide 20 service hours to our school or pay \$200.00. The obligation can be fulfilled in a variety of ways at various times during the school year.

Reminder: All adults working with children (including all volunteers and chaperones) must be Virtus Trained

Families with chronic tuition / fee payment problems will not be permitted to re-register. If, by Dec. 20th, a family is two months or more behind in tuition / fee payments the school reserves the right to terminate the student's registration as of Dec. 31st.

* Permanent acceptance is contingent on successful completion of the First Trimester.

Students Name: _____

Parent/Guardian Signature _____ Date _____

Our Lady of Trust Catholic Academy

Parent/Guardian Acknowledgment Agreement

* **Permanent acceptance is contingent on successful completion of the First Trimester.**

- a) All parents/guardians with children in Our Lady of Trust Catholic Academy must provide 20 hours of service to the school each year. This can include a wide range of activities that have been approved by the administration. It does not include baking for a birthday celebration. If you cannot provide the service hours a fee of \$200.00 will be attached to your tuition bill for the year.
- b) Fund Raising is crucial to all private / parochial schools and we are no exception. Each family is expected to meet its Fair Share Commitment, and to support the various Fund Raising activities that will be conducted throughout the year. The more successful we are with the Fund Raising the greater the chances are of holding down tuition / fee increases.
- c) All funds due the school must be paid by check or money order. The Diocesan Office of Education has decided to mandate that schools are no longer permitted to accept cash payments. The school will impose a fee for late tuition / fee payments and a fee if a check is returned to us for insufficient funds. If more than one personal check is returned to us you will be required to pay all tuition by Postal Money Order or Bank Certified Check. Checks returned for insufficient funds will be charged \$35.00.
- d) Any family in arrears with tuition, fees, fines, etc., at the time of Report Card distribution will not receive a report card or have a transcript issued until all financial obligations have been met. Furthermore, students will not be permitted to attend classes in there is an outstanding financial obligation owed the school. Families with chronic tuition / fee problems will not be permitted to re-register. If by Dec. 20th a family is two or more months behind in tuition payments, the school reserves the right to terminate the student's registration as of Dec. 31st.
- e) Children who are not picked-up on time at dismissal (2:40 for Pre-K 3 & Pre-K 4 & 2:55 PM for K - 8th grade) and 12:00 PM (on the First Friday of each month) will be placed in the After-School Program, and parents / guardians will be responsible to pay the appropriate fees.
- f) School detention policy is set by individual teachers, and students could be required to serve detention for such things as: disruptive behavior, foul / abusive language, and any other infraction of the school or classroom rules.
- g) Students involved in fighting are automatically suspended. If three such incidents occur the child will be expelled. Students involved in three or more offenses in the lunchroom will be removed from the lunchroom and not permitted to eat lunch with the other students for a set period of time.
- h) All students enrolled in Our Lady of Trust Catholic Academy, regardless of their religious affiliation, are required to take Religion as an academic course. They are required to take tests, do projects, and attend all liturgies etc. There are no exceptions to this rule.
- i) All students enrolled at Our Lady of Trust Catholic Academy must have a yearly Medical Form on file in the school, as well as an up-to-date Immunization Record. Missing either form could result in the student being denied admittance to classes and / or school activities.
- j) All 8th grade students must have a cleared record in order to graduate; this includes tuition as well as text book records.

I have read the above requirements and understand the content of the form. I hereby agree to the provisions identified above and agree to support all the school policies.

Student's Name: _____

Parent's / Guardian's Signature: _____

Grade: _____

Date: _____

Our Lady of Trust Catholic Academy

Emergency Contact / Information Form

Student's Name: _____ Grade: _____

Address: _____ Zip Code: _____

Tel. #: _____ Cell Phone #: _____

Social Security #: _____ Date of Birth: _____

Medications: _____

Allergies: _____

Health Problems: _____

Mother's Name: _____ Tel. # _____

Address: _____ Cell Phone #: _____

Business Name: _____ Tel. #: _____

Father's Name: _____ Tel. #: _____

Address: _____ Cell Phone #: _____

Business Name: _____ Tel. #: _____

If school cannot contact a parent / guardian, identify two individuals who can be called upon in the event of an emergency:

1) Name: _____ Relationship: _____

Tel. # _____ Cell Phone #: _____

2) Name: _____ Relationship: _____

Tel. #: _____ Cell Phone #: _____

If none of the above can be contacted, what do you wish us to do if the child is sick or has been injured?

Although the above recommendations will be respected as far as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities and any EMT's will prevail.

You must notify us immediately if any of the above information becomes outdated or changes in any manner.

Parent/Guardians Signature: _____