

# Our Lady of Trust Catholic Academy

## Registration Form

2019/2020



### 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.

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

What was the reason for the retention? \_\_\_\_\_

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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. 20<sup>th</sup>, 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. 31<sup>st</sup>.

\* 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. 20<sup>th</sup> 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. 31<sup>st</sup>.
- 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 - 8<sup>th</sup> grade on full school days and 11:40AM for Pre-K 3 & Pre-K 4 & 12:00PM for K - 8<sup>th</sup> grade on half days 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 8<sup>th</sup> 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: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

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?

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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: \_\_\_\_\_