

Name _____

Grade Entering _____

Check # _____ Date _____

Amount \$ _____

OFFICE USE ONLY

Villa Maria Elementary School Application Form



Mission Statement of Villa Maria Elementary School

“Open to creativity in the Spirit, Villa Maria Elementary School furthers the mission of the Sisters of St. Joseph by providing an atmosphere that promotes academic excellence as well as the spiritual, social, artistic, and physical development of the gifts and talents of each student. We are dedicated to fostering an environment imbued with spiritual and moral values in a welcoming spirit of inclusiveness.”

Please PRINT all information

Date _____
\$100 Registration Fee per family is required for Kdgn -Grade 8
School Year _____
Age _____ Grade Entering _____

| | | | | | | | |
|---|----------------|---------------|--|--|----------------|---------------|---------------|
| 2- or 3-Year-Old Preschool ← Please circle one | | | 4-Year-Old Preschool Please choose one: | | | | |
| Tu/Th | ___ 8:00-11:30 | ___ 8:00-2:45 | ___ 8:00-5:30 | M/W/F | ___ 8:00-11:30 | ___ 8:00-2:45 | ___ 8:00-5:30 |
| M/W/F | ___ 8:00-11:30 | ___ 8:00-2:45 | ___ 8:00-5:30 | M - F | ___ 8:00-11:30 | ___ 8:00-2:45 | ___ 8:00-5:30 |
| M - F | ___ 8:00-11:30 | ___ 8:00-2:45 | ___ 8:00-5:30 | \$50 registration fee is required for Preschool | | | |

Name _____ Male _____ Female _____ Religion _____
 Last First Middle
 Date of Birth _____ Birth Certificate # _____ Place of Birth _____ Race: White Black Asian Hispanic Hawaiian Native Multi
 Pacific American Racial
 City State
 Address/City/ State/Zip _____ Phone _____
 Child Lives with:(Please check)___ Both Parents ___ Mother ___ Father ___ Other Legal Custody with (*must have court papers*) _____
 Baptism _____ First Eucharist _____
 Date Church City/State Date Church City/State
 Public School District _____ Will student use transportation? _____ Last school Attended _____
 Did child ever repeat a grade? ___Yes ___No Does child have difficulty learning? ___Yes ___No Does child have any behavioral problems? ___Yes ___No
 List all auxiliary services child has received: (e.g., Title I, Speech, Act 89) _____
 Check all special programs child has attended: ___ Learning Support ___ Gifted ___ Emotional Support
 Has child previously been offered an Individualized Education Program (IEP) ? ___Yes ___No If Yes, list date/grade _____
 What language(s) does the child speak? _____ What language(s) are spoken in the home? _____

Family Information

| Full Name | Home Address | Phone | Employer | Job Title | Work Address | Phone | Current Parish or Church |
|------------------------------|--------------|-------|----------|-----------|--------------|-------|--------------------------|
| Father _____ | | | | | | | |
| Mother _____ | | | | | | | |
| Guardian _____ | | | | | | | |
| Other children at home _____ | | | | | | | |

Email address _____

Health Information Immunization records are required for Kindergarten - Grade 8

Does child have health insurance coverage? No _____ Yes _____

Name of Physician or Clinic: _____ Phone Number: _____

Has child ever had surgery? No _____ Yes _____ Type of Operation: _____ Date: _____

Does child have allergies? No _____ Yes _____ Type: _____ Allergy Medication: _____

Does child have allergies to any medication? No _____ Yes _____ Type: _____

List prescription medications child is currently taking: _____

Medical Conditions: Diabetes: No _____ Yes _____ Heart Problems: No _____ Yes _____
Epilepsy: No _____ Yes _____ Asthma: No _____ Yes _____

Other: _____

Other Information

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the student's learning.

| | Please check No or Yes | | If Yes, please briefly describe. |
|------------------------------|------------------------|-----------|----------------------------------|
| Special Educational Program: | No _____ | Yes _____ | _____ |
| Early Intervention Program: | No _____ | Yes _____ | _____ |
| Educational History: | No _____ | Yes _____ | _____ |
| Developmental History: | No _____ | Yes _____ | _____ |
| Psychological History: | No _____ | Yes _____ | _____ |
| Medical History: | No _____ | Yes _____ | _____ |
| Physical Conditions: | No _____ | Yes _____ | _____ |
| Other: | No _____ | Yes _____ | _____ |

By placing my signature below, I (we) verify that all information is accurate and complete. I (we) realize that failure to provide accurate information about my (our) child may jeopardize enrollment at this school. I (we) further verify that no information has been omitted.

Parent/Guardian Signature Please print name Date

Parent/Guardian Signature Please print name Date

Pennsylvania School Code 13-1304-A states in part: "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person, or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child _____, (circle one) was/was not previously suspended or expelled from any public or private school of the Commonwealth of Pennsylvania or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person or for any act of violence committed on school property.

School from which student was suspended/expelled _____

Dates of suspension/expulsion _____

Reason(s) for suspension/expulsion _____

I understand that this form shall be maintained as part of the student's disciplinary record. I further understand in making this statement that I am subject to penalties under 24 P.S. 13-1304-A9b and 18 Pa.C.S.A.4904 relating to falsification to authorities, and that any willful false statement made on this form shall be a misdemeanor of the third degree.

I swear or affirm that the facts contained herein are true and correct to the best of my knowledge, information and belief.

Date

Signature

Reasons for choosing Villa Maria Elementary:

1. How did you first hear about VME?

- _____ Newspaper
- _____ Referred by _____
- _____ Web site
- _____ Church Bulletin
- _____ Daycare
- _____ Summer Program
- _____ Other _____

2. What was the *primary* reason you chose VME?

- _____ Religious orientation
- _____ Academics
- _____ After school program
- _____ Location
- _____ Welcoming spirit/sense of community
- _____ Extracurricular
- _____ Safety
- _____ Other _____