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Dear Parent/Guardian,

Thank you for making Saint Gregory's your school of choice. We look forward to working with you and your child for many years to come. Please read the information below and sign and leave this paper with your registration papers.

### **Registration Acceptance Information for Saint Gregory School**

The following items all play a part in acceptance to Saint Gregory School:

1. siblings of those already enrolled at Saint Gregory School are accepted first
2. members of St. Gregory, St. Ferdinand & Holy Redeemer Parishes are accepted next
3. all others are accepted next
4. payment of the registration fee
5. registration in the FACTS tuition program by **June 1**
6. receipt of the first tuition payment by your selected payment date in **August**
7. must agree to pay your full tuition balance by your selected payment date in **May**
8. completion and return of all necessary paper work
9. commitment to keep your child at Saint Gregory School
10. willingness to be an active member of the Parent/Teacher Guild (K-8)
11. acknowledgment of the Family Share Program (K-8)
12. probation period of 90 days for any student transferring to St. Gregory School within the year.

The school will notify all parents of their child's acceptance or placement on the waiting list by the end of February at the latest. Failure to have all necessary information in without prior notification to the school will result in your child being placed at the bottom of the waiting list. If your child is placed on a waiting list and there are openings at a later date, you will be notified immediately of the opening. It is always our hope that we are able to accommodate every child. If you understand and are willing to abide by all of the above, please sign below and return with your registration form and information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Today's Date



**FAMILY DATA CONTINUED**

Student resides with:  Both Parents     Mother Only     Father Only     Joint Custody     Other  
Parents marital status:  Married     Separated     Divorced     Widowed     Single Parent  
Student's legal guardian (if other than parent): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

*Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/or shared custody.*

Please list all siblings: (even those not attending St. Gregory)

Name:	Gender:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SACRAMENTAL INFORMATION:**

	Date:	Church:	Address of Church:
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Holy Communion	_____	_____	_____
Confirmation	_____	_____	_____

**EMERGENCY CONTACT INFORMATION:** (in case a parent cannot be reached)

Emergency Contact A: Name: _____ Relation: _____ Home Phone: _____ Cell Phone: _____
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Emergency Contact B: Name: _____ Relation: _____ Home Phone: _____ Cell Phone: _____
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**PICK UP LIST**

Please list any person who is permitted to pick your child/ren up from school.

_____	_____
_____	_____
_____	_____

Is there anything else we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order to provide the best education possible 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?  Yes  No If yes, please check all that apply.  
 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?  Yes  No If yes, please check all that apply.  
 Counseling  Emotional Support  Gifted Support  Remedial Math  Remedial Reading  
 Speech / Language  Project Dart  Learning Support  Other
  
4. Had or been recommended for 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 leave a school?  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 registration fee of \$100 made payable to St. Gregory 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 out.

## STUDENT EMERGENCY INFORMATION FORM

Please complete this form for each of your children so that the school will be better prepared to deal with the special health/medical needs of your child/ren.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Apart from vitamins, is your child taking any medicine, tablets, drugs, allergy injections?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Reason for medication: \_\_\_\_\_

2. Is your child going to a hospital, clinic or doctor at the present time?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who/where? \_\_\_\_\_

Why: \_\_\_\_\_

3. Does your child have any allergy to anything such as foods, plants, insects, medicine?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_ **Is it life threatening?** \_\_\_\_\_

Reaction: \_\_\_\_\_

4. Has your child had any convulsions or seizures (sometimes called "fits" in the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Treatment: \_\_\_\_\_

5. Does your child need a special diet or have any food problems?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

6. List any operations or serious illness that your child has had. Please include dates or

approximate age: \_\_\_\_\_

\_\_\_\_\_

7. Does your child have any special needs or problems about which the school should be aware of other than those already mentioned?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

## Insurance Information

Child's Physician	
Physician's Phone:	
Insurance Company:	
Insurance Company Phone:	
Policy Number:	
Group Number:	
Identification Number:	
Policy Holder:	
Employer:	

IN CASE OF AN EMERGENCY REQUIRING IMMEDIATE MEDICAL TREATMENT, I give my permission to transport this student, if necessary, to the nearest Hospital. If an ambulance is necessary, the closest service will be called.

I assume the responsibility for payment. \_\_\_\_\_  
Signature of Parent/Guardian
Date

I consent to the following emergency procedure by the Emergency Room personnel, when necessary:

Blood withdrawal and urine test. \_\_\_\_\_  
Signature of Parent/Guardian
Date

I consent to the following medication being distributed to my child by the school personnel as needed. I understand that for medication that must be taken on a long-term basis (both prescription and over-the-counter) I must get a form signed by my child's doctor. This form is available in the school office.

Please sign below if you give consent for the school to provide the following to your child/ren:

Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), Tums, Neosporin, Benedryl Spray, Cortizone Cream, Cough Drops, Forehead or Ear Thermometer

Yes, I consent: \_\_\_\_\_  
Signature of Parent/Guardian