



### New Student Application 2022-2023 – Grades 1-8

\_\_\_\_\_ Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Registering for Grade: \_\_\_\_\_ School Year \_\_\_\_\_ Gender: \_\_\_\_\_ (M) \_\_\_\_\_ (F)

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_ Registered Parish: \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

How did you hear about Saint Leo the Great Catholic School? \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Address: \_\_\_\_\_  
*(City/State)*

Reason for Leaving: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Public School District in which you reside: \_\_\_\_\_

Email Address (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Siblings Currently Attending Saint Leo the Great Catholic School:  
\_\_\_\_\_

Names of Siblings Not Currently Attending Saint Leo the Great Catholic School:  
\_\_\_\_\_

Special Education Needs: *(Please check if applicable)*

IST                                       Psychological Evaluation                                       MDE  
 Speech                                       Occupational / Physical Therapy                                       Gifted / Seminar  
 Other \_\_\_\_\_

Was this student suspended or expelled at any time from the previous school?

No     Yes    If yes, please describe the incident(s) which led to the disciplinary action.  
\_\_\_\_\_  
\_\_\_\_\_

Current Grades Earned: *(Please circle appropriate grade)*

Math	A	B	C	D	F
Language	A	B	C	D	F
Science	A	B	C	D	F
Social Studies	A	B	C	D	F

Custody Information: *(Please check one or more)*

<input type="checkbox"/> Student resides with both parents	<input type="checkbox"/> Student resides with single parent
<input type="checkbox"/> Legal custody is with the father	<input type="checkbox"/> Legal custody is with the mother
<input type="checkbox"/> Custody is presently being disputed	<input type="checkbox"/> Court documentation provided

Verification: I verify that the information provided in this form is accurate to the best of my knowledge. I also agree to and understand that the decision to accept my child's registration can be rescinded if school records received after this date prove that information stated is incorrect.

Parent(s) / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

All students are on an academic and behavioral probation for one academic year. Reasonable accommodations will be made for students with special needs. Administrative and faculty assessments will be made during this period of time to determine if the school can meet the student's needs. The Parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and by the Saint Leo the Great Parish/School, including but not limited to those set forth or referred to in the school's and/or diocesan student handbook.

**New Student Application Fee - \$50.00 (due with application)**

**FOR SCHOOL OFFICE USE ONLY:**

*New Student Application Fee (due with application)*  
Paid  (yes)  (no)    Check # \_\_\_\_\_

*Annual Family Registration Fee (due upon acceptance)*  
Paid  (yes)  (no)    Check # \_\_\_\_\_

*Date Received* \_\_\_\_\_  
*Baptismal Certificate* \_\_\_\_\_  
*State Issued Birth Certificate* \_\_\_\_\_  
*Updated Immunization Record* \_\_\_\_\_  
*Parish Verification (new families only)* \_\_\_\_\_  
*SLTG Initial Inquiry Questionnaire (new families only)* \_\_\_\_\_  
*Memorandum of Understanding (new families only)* \_\_\_\_\_  
*Acceptance Letter*  (yes)  (no)