



# **THE DIVINE REDEEMER SCHOOL**

## **Application for Admission**

**726 4<sup>TH</sup> Avenue, Ford City, PA 16226**

**[www.divineredeemer.org](http://www.divineredeemer.org)**

**724-763-3761**



# ADMISSIONS PROCESS

Applying to The Divine Redeemer School is a simple, straightforward process, and the following will help guide you through the steps.

## **CAMPUS VISIT**

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Arrange for a campus visit by calling the school office at 724-763-3761. A visit may be scheduled prior to submitting an application or at any time during the admissions process.

## **APPLICATION**

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1. Complete the application and the parent questionnaire.
2. Send the completed application to the school office along with the questionnaire and a check for \$50(K-6)/\$25(PS) payable to “**The Divine Redeemer School**”. Application fee is nonrefundable but will be credited to your tuition –K-6. Please send application and payment to:

**The Divine Redeemer School  
726 4<sup>th</sup> Avenue  
Ford City, PA 16226**

**Along with your application form, please include copies of the following documents:**

**Birth Certificate**

**Social Security Card**

**Baptismal Certificate**

**Immunization Record**

**We can make all necessary copies in the office.**



# APPLICATION FOR ADMISSION

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Beginning September 2023 \_\_\_\_\_ Age as of 9/1/23 \_\_\_\_\_ Male/Female (circle one)

Public School District (where you live) \_\_\_\_\_ Religion \_\_\_\_\_

Name and address of Catholic parish in which student is registered \_\_\_\_\_

Has the applicant ever attended another Catholic School?  Yes  No

If yes, please list school and address: \_\_\_\_\_

Race:  American Indian/Native Alaskan  Asian  African American  Native Hawaiian/Pacific Islander

Caucasian  Multi-racial

Ethnicity  Hispanic  Non-Hispanic

Does the applicant have any special educational or medical needs?  Yes  No

If yes, please explain: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian (1) Full Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic, parish where registered \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employed by \_\_\_\_\_ Job Title \_\_\_\_\_

Work Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

Parent/Guardian (2) Full Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic, parish where registered \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employed by \_\_\_\_\_ Job Title \_\_\_\_\_

Work Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

Student resides with:  Both Parents  Mother Only  Father Only  Guardian \_\_\_\_\_

Check All Those That Apply:

Parents Married  Parents Separated  Parents Divorced  Father Remarried  Father Deceased

Parents Not Married  Single Parent Family  Mother Remarried  Mother Deceased

Are there any special custody circumstances? \_\_\_\_\_



# APPLICATION FOR ADMISSION

CONTINUED

## CURRENT SCHOOL

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 School Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date Entered \_\_\_\_\_ Current Grade \_\_\_\_\_

## TUITION INFORMATION

Name of Individual Responsible for Tuition \_\_\_\_\_ Relation to Applicant \_\_\_\_\_  
 Address (if not a parent) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## SACRAMENTAL INFORMATION

Baptism Date \_\_\_\_\_ Parish Name and Address \_\_\_\_\_  
 Reconciliation Date \_\_\_\_\_ Parish Name and Address \_\_\_\_\_  
 First Holy Communion Date \_\_\_\_\_ Parish Name and Address \_\_\_\_\_  
 Confirmation Date \_\_\_\_\_ Parish Name and Address \_\_\_\_\_

## SIBLINGS

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

## RELATIVES: PLEASE LIST ANY RELATIVES WHO HAVE ATTENDED OR ARE NOW ATTENDING THE DIVINE REDEEMER SCHOOL

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

**Statement of Nondiscriminatory Acceptance Policy:** Divine Redeemer School will not discriminate on the basis of race, color, sex, disability, or national and/or ethnic origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance, learning needs, attendance, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. While the school does not discriminate against students with disabilities, a full range of services may not always be available to them. Decisions concerning the accommodation of a student are based upon the student's emotional, academic, and physical abilities and the resources available to the school in meeting the student's needs. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic School within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Non-refundable fee enclosed: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Letter of Acceptance: \_\_\_\_\_ Information Packet Sent: \_\_\_\_\_ Records Requested: \_\_\_\_\_ Transportation Notified: \_\_\_\_\_



# PARENT QUESTIONNAIRE ALL APPLICANTS

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## Parents or Guardians

The success of your child is important to us. Please complete the following questionnaire so that we may learn more about your child.

Name of person(s) completing this form

First \_\_\_\_\_ Last \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How did you hear about us?

What factors contributed to the decision to apply to The Divine Redeemer School?

What words or phrases come to mind when describing your child?



# PARENT QUESTIONNAIRE CONTINUED

Please comment on what you consider to be your child's greatest strengths.

What do you hope your child will gain by attending The Divine Redeemer School?

Please indicate any special circumstances that may have affected the educational progress of your child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Divine Redeemer Preschool



Please Check Your Preference:

(All classes are on a first come basis)

**\*All Preschool students must be potty trained.**

Preschool 3-yr old (AM) \_\_\_\_\_ Tues/Thurs—8:30-11:00 AM

Preschool 3-yr old (PM) \_\_\_\_\_ Tues/Thurs—12:00-2:30 PM

Preschool 4-yr old (AM) \_\_\_\_\_ Mon/Wed/Fri--8:30-11:00AM

Preschool 4-yr old (PM) \_\_\_\_\_ Mon/Wed/Fri—12:00-2:30 PM

Preschool 4-yr old (All Day) \_\_\_\_\_ Mon/Wed/Fri—8:30-2:30 PM

