

Geibel Catholic Middle School

611 East Crawford Avenue • Connellsville, Pennsylvania 15425

Phone (724) 628-5600 Fax (724) 626-5700 www.geibelcatholic.org

APPLICATION FOR ADMISSION 2009-2010

Please return this Application Packet with a non-refundable fee of \$50.00, which is applied to the student's tuition.

Checks and money orders should be made payable to Geibel Catholic Middle - High School.

As Geibel Catholic is a private, non-public institution, the administration reserves the right to terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time.

STUDENT DATA:

Please Print

GRADE IN SEPTEMBER 2009: _____

Student's Last Name:		First:	Middle:
Address:			Male / Female:
City:	State:	Zip:	Phone:
Date of Birth:	Age as of 9/1/09:		Social Security Number:
Birth Certificate No:			
Birth City / State:		Public School District: (where you live)	
Religion:		If Catholic, parish, location and diocese:	
Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island			
Current School:		Address of Current School:	

FAMILY DATA:

Please Print

MOTHER (First, Maiden & Last)

FATHER

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Geibel Catholic Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Geibel Catholic Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

Student resides with: Both Parents Mother only Father only Guardian

CHECK ALL THOSE THAT APPLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Parents Married | <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced |
| <input type="checkbox"/> Parents not married | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Father Remarried |

GUARDIANSHIP (if applicable)

Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical/shared custody

Student's legal guardian (if other than parent) _____

Relationship to the student _____

School mail (Grades, Discipline, Tuition Statements, etc...) will be sent only to the address in the STUDENT DATA section of the application unless an additional name/address is supplied below.

Name: _____

Address: _____

Please note any medical or dietary information necessary for management in an emergency situation, e.g. allergies, medication, special conditions:

BROTHERS / SISTERS IN ORDER OF BIRTH:

	<u>Name</u>	<u>Male/Female</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SACRAMENTAL INFORMATION:

<u>Date</u>	<u>Church</u>	<u>Address</u>
_____	_____	_____
Baptism	_____	_____
_____	_____	_____
Reconciliation	_____	_____
_____	_____	_____
Confirmation	_____	_____

Parent/Guardian Signature _____ Date _____

Diocesan elementary schools will automatically send immunization cards for students. All others must present an immunization card with this application.

OFFICE USE ONLY:
Finance Office: Check Cash Date Received _____ Development Office
 Guidance Office Letter of Acceptance Information Packet sent Records Requested Transportation Notified