

# Geibel Catholic Middle-High School

611 East Crawford Avenue • Connellsville, Pennsylvania 15425

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

## APPLICATION FOR ADMISSION 2010-2011

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.

Geibel Catholic Middle – High School will not discriminate on the basis of race, gender, or national origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academics, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. The school maintains the right to give preferential acceptance and enrollment to Catholic students.

### STUDENT DATA:

*Please Print*

GRADE IN SEPTEMBER 2010: \_\_\_\_\_

Student's Last Name:		First:	Middle:
Address:			Male / Female:
City:	State:	Zip:	Phone:
Date of Birth:		Age as of 9/1/10:	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