



**Northside Catholic Assumption Academy**  
 (Pre-K thru 8)  
 3854 Brighton Road, Pittsburgh, PA 15212  
 Office: 412-761-5043  
[www.ncaacademynow.org](http://www.ncaacademynow.org)  
 2019 - 2020 Registration Form

*Enter to  
 Learn  
 Leave To  
 Serve*

**STUDENT DATA** *(Please Print Clearly)*

<b>Student's Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Address:</b>		<b>Male / Female:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date of Birth:</b>	<b>Age as of September 30:</b>	
<b>Public School District of Residence (Taxes paid to):</b>	<b>Public School Building this student would attend, if not enrolled in:</b>	
<b>Religion:</b>	<b>Parish where registered:</b>	
<b>Ethnicity:</b> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other		
<b>Current School:</b>	<b>Address of Current School:</b>	

<b>STUDENT DATA</b> <i>(Please Print Clearly)</i>	<b>ENTERING GRADE:</b>	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
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<b>ENTERING GRADE:</b> <i>(please check one)</i>	<b>PRE-SCHOOL 3</b>	<b>PRE-KINDERGARTEN 4</b>
	<input type="checkbox"/> PS 3 ~ 2 Half days (T & TH) <input type="checkbox"/> PS 3 ~ 5 Full days	<input type="checkbox"/> PK 4 ~ 3 Half days (T, W, TH) <input type="checkbox"/> PK 4 ~ 5 Full Days

**Student resides with:**  Both Parents  Mother only  Father only  Joint Custody  Other

**Parents/Guardians Marital Status:**  Married  Separated  Divorced  Widowed  Single Parent

**Transportation: Child will be a:**  Car Rider  Walker  Bus Rider School District: \_\_\_\_\_

**If mail is to be sent to a second address, please complete:**

Name:
Address:
Relationship:

*New students are accepted on a probationary basis (90 school days). 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.*

**FAMILY DATA (Please Print Clearly)**

MOTHER (First, Maiden & Last)	FATHER
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No

**CHILDREN UNDER 18 (Oldest to Youngest):**

	Name	Male/Female	Date of Birth
1.			
2.			
3.			
4.			

**GUARDIANSHIP (if applicable)**

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

Student's legal guardian (if other than parent) \_\_\_\_\_

Relationship to the student \_\_\_\_\_

**SACRAMENTAL INFORMATION of Applicant:**

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			

Confirmation			
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<b>STUDENT'S NAME:</b>	
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In order to provide the best education for your child, please complete the following:  
 Has your child ever:

- Had a psychological evaluation?  Yes  No
- Been diagnosed with any of the following:  
 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 \_\_\_\_\_

- Received any of the following services:  
 Counseling  Emotional Support  Gifted Support  Remedial Math  Remedial Reading  
 Speech/Language  Project Dart  Learning Support  Other

- Had an IEP?  Yes  No If yes, what is the disability? \_\_\_\_\_  
 Please submit a copy of the IEP.

- Been diagnosed with a medical condition that the school should be aware of?  Yes  No  
 If yes, please explain. \_\_\_\_\_

- Repeated a grade.  Yes  No If yes, which grade? Why? \_\_\_\_\_

- Received a suspension from school?  Yes  No If yes, please explain \_\_\_\_\_

- Been asked to transfer?  Yes  No If yes, please explain \_\_\_\_\_

- Been expelled from school?  Yes  No If yes, please explain \_\_\_\_\_

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

NCAA is unable to honor IEPs or 504 Plans. Such documents, as well as school psychological evaluations, discipline files, court involvement, educational evaluations and standardized test results must be shared with the school in order to complete application. Omissions may nullify acceptance. All students transferring from another school are on probation for 90 school days.

Please submit the following information with each child's registration:

- \$200 Deposit (new families only)
- Birth Certificate
- Baptism Certificate (if baptized Catholic)
- Immunization records

**No application will be considered complete until ALL FORMS AND PAYMENTS are submitted to the school office.**

Please return this Application with a **non-refundable** deposit of \$200.00  
 (This will be applied towards your first tuition payment)

Checks or money orders should be turned into the	Northside Catholic Assumption Academy
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school office and made payable to:

3854 Brighton Road  
Pittsburgh, PA 15212

Rev. 2/5/2019

## HOME LANGUAGE SURVEY\*

### 2019

The Civil Rights Law of 1964, Title VI, requires that school districts/charter schools identify Limited English Proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What was the student's first language? \_\_\_\_\_

2. Does the student speak a language other than English?

If yes, specify language \_\_\_\_\_

(Do not include languages learned in school.)

3. What language(s) is/are spoken in your home?

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

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter

school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

August 2015

**REQUEST FOR SCHOOL AND HEALTH RECORDS**

The following student has registered at NorthsideCatholic Assumption Academy.

NAME \_\_\_\_\_

GRADE \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL THAT STUDENT HAS BEEN ATTENDING:

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

PLEASE FORWARD: HEALTH & DENTAL RECORDS STANDARDIZED TEST RESULTS, GRADES, REPORTS, ETC.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
Date

PLEASE SEND RECORDS TO: Admissions at Northside Catholic Assumption Academy  
3854 Brighton Road  
Pittsburgh, PA 15212