



CDT NEW STUDENT CHECKLIST

Please complete the following forms for each new student enrolling:

Home Language Survey

Sworn Statement

Initial Guidance Questionnaire

Parental Permission to Request and/or Release Records

Please provide copies of:

Birth Certificate

Baptism Certificate

Immunization Records



HOME LANGUAGE SURVEY

Used to determine a primary or home language other than English

Parents or guardians are asked to complete the following questions about the language use of your child. When appropriate, the child may answer the questions.

Student's Name _____ Date _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian's Name _____

Telephone _____ Country of Origin _____
(Area Code)

Other countries of residence (please list) _____

Parents are not required to answer questions with regard to origin. However, even countries of origin whose primary language is English may have a dialect making it difficult for a child to understand American dialects.

What was the first language your child learned to speak? English
Other: _____

What language(s) does your child speak most often at home? English
Other: _____

What language(s) can your child read? English
Other: _____

What language(s) can your child write? English
Other: _____

What language(s) do you use when speaking to your child? English
Other: _____

What language(s) is spoken most often in your home? English
Other: _____

Survey conducted/completed by _____

Parent/Guardian Signature _____ Date _____



SWORN STATEMENT PERTAINING TO THE PRIOR CONDUCT OF A PUPIL SEEKING ADMISSION

Section 1304-A. of the Public School Code of 1949, as amended, and referenced in Section 4245 of the Diocese of Greensburg School Policies requires that prior to the admission of any student, the parent, guardian, or other person having control or charge of the student shall provide the following sworn statement or affirmation.

Name of Student _____

Has the student ever been suspended or expelled from any public or private school in Pennsylvania or in any other state? Yes _____ No _____

Did the suspension or expulsion involve weapons? Yes _____ No _____

Did the suspension or expulsion involve alcohol? Yes _____ No _____

Did the suspension or expulsion involve drugs? Yes _____ No _____

Did the suspension involve infliction of physical or emotional injury to another person? Yes _____ No _____
This includes hurting others through technology (cyberbullying, texting, etc.).

Did the suspension or expulsion include any act of violence committed on school property, committed during a school event or an act of destruction to school property? Yes _____ No _____

Has the student been arrested and/or have you been or are you on juvenile probation? Yes _____ No _____

If the answer to any above question is "YES," explain the incident and circumstances in detail including the school, date of suspension or expulsion, and a final decision regarding the incident.

I swear and affirm that the above information is true and correct. I understand that misrepresentation of the above data is a criminal act and punishable under the Pennsylvania Crimes Code.

Signature of Student
having Control or Charge of Student

Signature of Parent, Guardian, or other Person

Date

Date



Christ
the Divine Teacher
School

INITIAL GUIDANCE QUESTIONNAIRE

Page one of two pages

Please Print the Information

Student Name: _____ **Grade Entering:** _____

Last School Attended: _____ **Last Date Attended:** _____

Parents/Legal Guardians: _____

Dear Parent/Guardian:

Because the goal of Christ the Divine Teacher School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents'/guardians' complete cooperation throughout the school year. Individual learning can be a complicated item for students. Providing the school with information regarding prior evaluations, assessments, and/or diagnoses can enhance the learning process.

In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in attempting to assess and meet your child's learning needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy.

Teresa Tallarico

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

_____ YES _____ NO

2. If yes, prior evaluation was completed for one of the following reasons:

____ Learning ____ Intelligence ____ Behavior ____ Gifted Program
____ Other (Please explain)

3. Prior evaluation was completed for one or more of the physical reasons listed below:

____ Vision ____ Orthopedic ____ Hearing ____ Speech ____ Development
____ Other (Please explain)

(OVER)

4. Prior evaluation was conducted by one or more of the following:

Intermediate Unit (includes early intervention) Mental Health Private Practitioner School district

Other (Please explain)

5. Is your child currently identified as requiring special education services?

YES

NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?

YES If yes, please present a copy to the school.

NO If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: _____

6. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP, etc.)

Print Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____



PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____

Student Date of Birth: _____

Current School Attending: _____

I hereby authorize Christ the Divine Teacher School to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

Christ the Divine Teacher School
323 Chestnut St.
Latrobe, PA 15650
724-539-1561
724-532-3873-FAX

Parent/Guardian please sign and date below:

(Signature of Parent/Guardian)

(Date)

Parent: This section will be filled out by our staff.

RECORDS REQUESTED:

- _____ Attendance Data
- _____ Report Cards (Past and Current)
- _____ Group Aptitude and Achievement Testing
- _____ Health, Medical and Dental Records
- _____ Personal History
- _____ Psychological Reports
- _____ Psychiatric Evaluations
- _____ Special Education Due Process Papers and IEP
- _____ Speech and Language Evaluations
- _____ Instructional Support Plans and Summaries
- _____ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list: