



Christ the Divine Teacher School

Application for Admission



# ADMISSIONS PROCESS

Applying to Christ the Divine Teacher 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 724-539-1561. 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, parent questionnaire, and student questionnaire (if applicable).
2. Send the completed application to the school office along with the questionnaire(s).

Please send the application **by mail to:**

**Christ the Divine Teacher School  
323 Chestnut Street  
Latrobe, PA 15650**

**By EMAIL to:**

**[ttallarico@cdtschool.org](mailto:ttallarico@cdtschool.org)**

**By FAX to:**

**724-532-3873**

**OR**

**Drop off the application in person any M-F from 8 a.m.—3p.m.**



# 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 (year) \_\_\_\_\_ Age as of 9/1/15 \_\_\_\_\_ Male / Female (circle one)

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

If Catholic, list parish name and address \_\_\_\_\_

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 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 CHRIST THE DIVINE TEACHER SCHOOL

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

Statement of Nondiscriminatory Acceptance Policy: <enter school name> 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, academic performance, and learning needs, attendance, 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. 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

## Parents or Guardians

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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 \_\_\_\_\_

What factors contributed to the decision to apply to our 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 Christ the Divine Teacher School?

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

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



# CLASS SELECTION

We are applying for the following grade:

- \_\_\_\_\_ Kindergarten
- \_\_\_\_\_ 1<sup>st</sup> Grade
- \_\_\_\_\_ 2<sup>nd</sup> Grade
- \_\_\_\_\_ 3<sup>rd</sup> Grade
- \_\_\_\_\_ 4<sup>th</sup> Grade

- \_\_\_\_\_ 5<sup>th</sup> Grade
- \_\_\_\_\_ 6<sup>th</sup> Grade
- \_\_\_\_\_ 7<sup>th</sup> Grade
- \_\_\_\_\_ 8<sup>th</sup> Grade

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## THREE (3) YEAR OLD PRESCHOOL:

Tuesday and Thursday (2 days)  
 \_\_\_\_\_ 8:30 -11:00 a.m.

## FOUR (4) YEAR OLD PRESCHOOL:

Monday, Wednesday and Friday (3 days)  
 \_\_\_\_\_ half-day 8:30 -11:00 a.m.

\_\_\_\_\_ full-day 8:30 a.m. – 2:30 p.m.

Monday through Friday (5 days)  
 \_\_\_\_\_ half-day 8:30 -11:00 a.m.

\_\_\_\_\_ full-day 8:30 a.m. – 2:30 p.m.



# STUDENT QUESTIONNAIRE for Grades 5—8 ONLY

Please take a moment to complete this questionnaire so we may learn more about you.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Applying for Grade \_\_\_\_\_

What is your favorite subject or activity in school? Explain.

Tell us about some of your extracurricular activities.

Describe an accomplishment of which you are particularly proud.

Is there anything else you would like the Admissions Committee to know about you?





**323 Chestnut Street  
Latrobe, PA 15650**