



721 Rebecca Avenue
Pittsburgh, PA 15221

(412) 242-3515
FAX: (412) 241-3199

SISTER THEA BOWMAN CATHOLIC ACADEMY

**Please complete one entire packet of
information per student and return via US mail
or email to:**

Ms. Tamera

Sister Thea Bowman Catholic Academy

721 Rebecca Avenue

Pittsburgh, PA 15221

office@stbca.net

**If you have any questions, please call Ms. T at
(412) 3515 Ext 100**



NEW STUDENT REGISTRATION REQUIREMENTS

1. Completed enrollment packet
2. Completed Parent Questionnaire (New Preschool & Kindergarten Students Only)
3. Completed Authorization for Release of Records (New Students Entering 1st – 8th Only)
4. \$50 non-refundable registration fee (cash or money order only – made out to STBCA)
5. Original Birth Certificate or any of the following:
 - a. Notarized copy of Birth Certificate
 - b. Baptismal Certificate
 - c. Copy of the Record of Baptism
 - d. Notarized statement from the parents or another relative indicating the date of birth
 - e. A valid passport
 - f. A prior school record indicating the date of birth
6. A record of current immunizations
7. Incoming students in kindergarten through 8th grade will need to be scheduled for academic screening
8. Preschool students MUST be bathroom independent prior to the start of school

Please bring, email, or fax your completed enrollment packet to the administrative office:

Sister Thea Bowman Catholic Academy
721 Rebecca Avenue
Pittsburgh, PA 15221
Phone: 412-242-3515
Fax: 412-241-3199
Email: office@stbca.net

Sr. Thea Bowman Catholic Academy

721 Rebecca Avenue, Pittsburgh, PA 15221

Phone: 412-242-3515 • Fax: 412-241-3199

STUDENT DATA *(Please Print Clearly)*

ENTERING GRADE: _____

Student's Last Name	First	Middle
Address		<i>(Please circle one)</i> Male / Female
City _____	Phone Cell _____	Email _____
State _____ Zip _____	Phone Home _____	
Date of Birth	Age as of September 1 st	
Public School District of Residence <i>(Taxes paid to)</i>	Public School Building this student would attend if not enrolled at STBCA	
Current School <i>(if any)</i>	Address of Current School	
Religion	If Catholic, parish and diocese	
Ethnicity <i>(Please Check one)</i> : <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 Islander		
TRANSPORTATION - Child will be a <i>(please check one)</i>: <input type="checkbox"/> Car Rider <input type="checkbox"/> Walker <input type="checkbox"/> Bus Rider		
NON-REFUNDABLE \$50 REGISTRATION FEE PER FAMILY		

FAMILY DATA *(Please Print Clearly)*

MOTHER *(First, Maiden & Last)*

FATHER *(First & Last)*

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:
If Catholic, parish:	If Catholic, parish:
Catholic School Alumni:	Catholic School Alumni:

Student resides with: Both Parents Mother Only Father Only Joint Custody Other _____

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

Please list any talents or interests you are willing to share with the school

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: _____

Mail will be sent to the student's address on file.

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

Name:
Address:
Relationship to student:

BROTHERS / SISTERS IN ORDER OF BIRTH:

Name	Date of Birth	Male / Female

SACRAMENTAL INFORMATION FOR STUDENT *(If Catholic)*

	Date	Church	City & State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

In order to provide the best education for your, please complete the following:

Has your child ever:

1. Had a psychological evaluation? Yes No

2. Been diagnosed with any of the following?

Learning Disability (LD)

Attention Deficit/Hyperactivity Disorder (AD/HD)

Autism Spectrum Disorder (ASD)

Oppositional Defiance Disorder (ODD)

Other _____

Does your child take medication associated with this diagnosis? Yes No

3. Received any of the following services?

Counseling

Emotional/Behavioral Support

Gifted Support

Speech/Language Services

Project DART

Learning Support - Math

Reading

Other

Other _____

4. Had an IEP/IFSP? Yes No

If yes, for what disability? _____

Please submit a copy of the IEP/IFSP with your child's application.

5. Been diagnosed with a medical condition that the school should be aware of? Yes No

If yes, please explain: _____

6. Repeated a grade? Yes No If yes, which grade? _____ Why? _____

7. Received a suspension from school? Yes No If yes, please explain: _____

8. Been asked to transfer? Yes No If yes, please explain: _____

9. Been expelled from school? Yes No If yes, please explain: _____

Parent/Guardian Signature: _____ Date: _____



SISTER THEA BOWMAN CATHOLIC ACADEMY

PUBLICITY CONSENT

Permission is hereby granted to The Extra Mile Education Foundation, Inc. (Extra Mile Education Foundation), to use photographs and/or films, of:

(Print or Type Name of Student(s))

(Print or Type Name of Student(s))

(Print or Type Name of Student(s))

(Print or Type Name of Student(s))

to assist in its community awareness, educational efforts and related publicity purposes. In addition, permission is hereby given for the use of the stated individual name(s) and biographical information for said purpose.

It is hereby stipulated and agreed that such use of said photographs, and/or films will not violate the rights of the named individual, his/her legal representatives, nor his/her respective heirs, and I do hereby indemnify and hold harmless any agent or representative of the Extra Mile Education Foundation, Inc., and Sister Thea Bowman Catholic Academy from any and all claims, demands, and/or causes of action of whatever kind and nature for their actions taken pursuant to this authority.

Further, it is hereby stipulated and agreed that The Extra Mile Education Foundation will not incur any liability for payments to any person or organization as a result of the stated use of the aforesaid photographs, and/or films of the named individual.

Date

Parent or Guardian, Please Print and Sign Name



SISTER THEA BOWMAN CATHOLIC ACADEMY

**Consent and Release
For Students Currently Enrolled**

In recognition of the fact that Extra Mile Education, Inc., a non-profit organization, pays a portion of the cost of education for my child/children's attendance to the school named below, I authorize and request Sister Thea Bowman Catholic Academy to release EXTRA MILE EDUCATION FOUNDATION, 111 Boulevard of the Allies, Pittsburgh, Pennsylvania, 15222, the following information from the official administrative record of—(A)—my child/children:

(A) _____
(Print Name of Child/Children)

(Print Name of Child/Children)

(Print Name of Child/Children)

(Print Name of Child/Children)

- 1.) Name and Birth date
- 2.) Address
- 3.) Grade Level Completed
- 4.) Grades
- 5.) Attendance Record
- 6.) Standardized Test Scores.

I authorize the release of this information to Extra Mile Education Foundation each year that my child is a student at the school. I understand that I will be provided with yearly notice of the release of my child/children's records to Extra Mile Education Foundation, and I reserve the right to revoke this consent at any time.

I understand that Extra Mile Education Foundation will treat this information with complete confidentiality and compile its records on an anonymous basis, and that under no circumstances will specific information regarding my child be released to any other party or be used for any other purpose without my further consent.

I understand that Extra Mile Education Foundation will use this information for the purpose of recording the progress of students who participate in its program at the elementary school in order that it may serve the needs of its present and future participating students in the best way possible.

I understand that this release will terminate automatically when my child graduates.

Please check one: I do _____ I do not _____ wish to receive a copy of all information provided to the Extra Mile Education Foundation each year.

NOTE: Please return this document to the principal, Sister Thea Bowman Catholic Academy, 721 Rebecca Avenue, Pittsburgh, PA 15221.

Date

Signature

Please Print Name

Please Print Family Address

Please indicate whether you are the parent or guardian. Thank you.

_____ Parent _____ Guardian



**SISTER THEA BOWMAN CATHOLIC ACADEMY
CATHOLIC SCHOOL PARENTS**

MEMORANDUM OF UNDERSTANDING

As a parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the diocese, or religious community.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this Memorandum of Understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Student Name: _____	_____	Grade _____
	Print	
Father: _____	_____	_____
	Sign	Print
Mother: _____	_____	_____
	Sign	Print
Guardian: _____	_____	_____
	Sign	Print

Date: _____



ACCEPTABLE USE POLICY (Technology)

STUDENT NAME _____ GRADE _____ DATE _____
(please print)

At Sister Thea Bowman Catholic Academy, our students have access to many valuable instructional technology tools as well as Internet access in our media center, technology labs, and classrooms. Our goal is to teach students to utilize these electronic resources to enhance our school's instructional goals.

We have taken precautions to ensure that students are using the Internet and other electronic resources for appropriate educational means. Student use of the Internet and multimedia resources will be supervised by an adult. However, we cannot guarantee that students will refrain from locating inappropriate sources. Please review the guidelines listed and sign below.

1. Student use of instructional media must be in support of grade appropriate and Elementary Instructional Technology Competencies.
2. Students will use respect and show proper care and handling of all equipment. Any student found to be intentionally damaging any software or hardware will be disciplined as deemed appropriate by the administration.
3. Students are expected to respect and not attempt to bypass security in place on computers. Changing or attempting to change a computer's settings is a violation of acceptable use of our equipment.
4. Students will observe software copyright laws. No students will bring software from home to copy on school workstations, or will students copy school software for personal use.
5. When using the Internet, students' actions will be closely supervised. They will be held responsible for information viewed, received and sent.
6. Students are expected to respect the work and ownership rights of students, staff, and people outside of the building.

STUDENT: *I have read (or it has been explained to me) and agree to following the STBCA Acceptable Use Policy. I understand that any violation of the procedures may result in the loss of technology privileges for the remainder of the year. Additional consequences may be determined and implemented by the administration.*

STUDENT SIGNATURE _____ DATE _____

Parent/Guardian:

I have read the STBCA Acceptable Use Policy. I understand the access is for educational purposes and that STBCA has taken precautions to eliminate controversial material from being viewed by users. However, I recognize that it is impossible to restrict access to all controversial materials. I will not hold STBCA, or any staff member responsible for materials required over the Internet. I hereby give permission to my child to be given the privilege of Internet access

Parent/Guardian Signature: _____ Date _____

(please print)

Permission Form for World Wide Web Publishing of Student Work

We understand that our child's work or writing may be published on the school's web page. We further understand that no last name, home address or home telephone number will appear with such work. I may withdraw permission in writing at any time preventing further publication but forgoing any publication previously agreed to.

Parent/Guardian Signature: _____ Date _____

(please print)

Student Signature: _____ DATE _____

(please print)

Permission Form for World Wide Web Publishing of Student Photograph

We understand that our child's photograph may be published on the school's web page. We further understand that no last name, home address or home telephone number will appear with such work. I grant permission for the World Wide Web publishing. I may withdraw permission in writing at any time which will prevent publishing of said child's image from that date on.

Parent/Guardian Signature: _____ Date _____

(please print)

Student Signature: _____ DATE _____

(please print)

**ALL STBCA STUDENTS ARE EXPECTED TO TREAT
ELECTRONIC LEARNING TOOLS WITH RESPECT.**

721 Rebecca Avenue
Pittsburgh, PA 15221



(412) 242-3515
FAX (412) 241 3199

SISTER THEA BOWMAN CATHOLIC ACADEMY

PEANUT/TREE-NUT ALLERGY POLICY

Dear Parent/Guardian:

We love to celebrate birthdays, holidays, and all of our accomplishments at STBCA, but we must do it safely and consider all members of our school community. With this thought in mind, we are sending this letter to inform you that there are students attending STBCA with life-threatening peanut/tree-nut allergies. The only way to prevent a life-threatening reaction is for these students to avoid all contact with peanuts, peanut butter, and/or tree-nuts, and anything made with peanuts, peanut butter, and/or tree-nuts. If these children come in contact with or eat peanuts/tree-nuts, a life-threatening reaction could occur requiring immediate medical attention.

To reduce the risk of exposure, the school is taking measures to be peanut and tree nut free. Please do not send to school any food with your child that contains peanuts, tree nuts, and/or peanut butter. We are also asking that your child wash their hands with soap and water prior to entering the school if they have eaten any food with peanuts, tree nuts, and/or peanut butter before school. **THESE GUIDELINES ARE EFFECTIVE IMMEDIATELY.**

A copy of the school's Safe Snack List can be found on our website at <https://www.sistertheabowman.org/>. Only those foods on the school's Safe Snack List will be permitted in the building. **ANY UNAPPROVED FOODS BROUGHT TO SCHOOL FOR ANY REASON, WILL BE DISPOSED OF BY SCHOOL STAFF.**

Thank you for your support and cooperation with this policy. If you have any questions or concerns, please contact Mrs. Michael, Principal at 412-242-3515 x 109.

Sincerely,

Debbie Still, RN
Wilkinsburg School District Nurse
412-871-2169

Stephanie Michael, Principal
Sister Thea Bowman Catholic Academy

I have read and understand the peanut/nut-free classroom policy. I agree to do my part to keep STBCA peanut/nut-free.

Child's Name (Print)

Grade

Parent's Signature

Date

REVISED 2020



SISTER THEA BOWMAN CATHOLIC ACADEMY

HOME LANGUAGE SURVEY*

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

SCHOOL DISTRICT: Diocese of Pittsburgh DATE: _____

SCHOOL: Sister Thea Bowman Catholic Academy

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

1. What was the student's first language? _____
2. Does the student speak a language other than English?
 - a. If yes, specify language _____
3. What language(s) is/are spoken in your home?
 - a. _____
 - b. _____

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

Signature

Print

*The school district/charter school has the responsibility under 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.

SISTER THEA BOWMAN CATHOLIC ACADEMY

721 Rebecca Avenue, Pittsburgh, PA 15221



CONDITIONAL ENROLLMENT CONTRACT

I understand that my child's acceptance to Sister Thea Bowman Catholic Academy is conditional and that in order to secure my child's enrollment, I agree to comply with the following conditions (Please initial & sign below):

_____ I will complete all of the enrollment documents required each year as requested by the administrative office and will maintain up-to-date records for emergency contacts, medical, and legal information with Sister Thea Bowman Catholic Academy.

_____ I will set up a FACTS Management payment plan and apply for a financial aid scholarship through the FACTS Management website, www.https://Online.factsmgt.com/aid

_____ I understand that my child must meet the academic requirements and expectations set forth by Sister Thea Bowman Catholic Academy to be promoted to the next grade level.

_____ I understand that all Parent-Student Handbook requirements must be met. Repeat violations of Handbook policies may result in dismissal from the school at any time. A downloadable copy of the Parent-Student Handbook may be found at www.sistertheabowman.org.

_____ I understand that open communication between home and school is required.

_____ I understand that if payments for tuition and fees are not made on schedule, based on the FACTS Management Plan chosen by me, and if I do not contact the school to make an approved payment arrangement, the following steps may occur (per the Diocese of Pittsburgh (2017) Handbook for Catholic School Principals, Pgh., PA):

- Access to the online grading system may be denied
- Report cards/Progress reports will be withheld
- The student may be asked to transfer at the end of the 2nd quarter or at the end of the school year
- Student records will not be forwarded to another school, with the exception of health records, discipline records, and standardized test scores, which must be sent.
- The student will not receive a transcript or diploma

_____ I understand that STBCA reserves the right to remove students regarding delinquent tuition of more than 60 days from any or all instructional or extra-curricular programming, athletics, and/or the Extended Day Program; and require a meeting with administration to amend tuition balance or arrange for an alternate payment plan agreed upon by school administration. Families that are unable to comply may be automatically dismissed at this time. All tuition agreements must be upheld to ensure your child/children's enrollment. Conditional acceptance will be reviewed at the end of the first academic semester. Parents/guardians will receive a letter updating the status of their enrollment account.

Student First and Last Name: (please print)

Parent Signature: _____

Date

(Parent Name please print)

Stephanie Michael, Principal

WILKINSBURG SCHOOL DISTRICT

SISTER THEA BOWMAN CATHOLIC ACADEMY

HEALTH HISTORY FORM

Dear Parent/Guardian:

A health history is an important part of your child's record. Please complete all information. This information will become part of your child's health record and held confidential.

CHILD'S NAME _____ CURRENT GRADE _____

(PLEASE PRINT)

DATE OF BIRTH _____ AGE _____ SEX: _____ MALE _____ FEMALE

PREVIOUS SCHOOL _____

(PLEASE PRINT)

Please place a check mark next to any of the following that would apply to your child:

- | | | |
|--|---|---|
| <input type="radio"/> Allergies | <input type="radio"/> Eczema | <input type="radio"/> Kidney Disease |
| <input type="radio"/> Anemia | <input type="radio"/> Emotional Problems | <input type="radio"/> Persistent Cough |
| <input type="radio"/> Asthma | <input type="radio"/> Epilepsy | <input type="radio"/> Pneumonia |
| <input type="radio"/> Birth Defects | <input type="radio"/> Fainting Spells | <input type="radio"/> Poor Appetite |
| <input type="radio"/> Blood Disorder | <input type="radio"/> Frequent Urination | <input type="radio"/> Rheumatic Fever |
| <input type="radio"/> Bronchitis | <input type="radio"/> Frequent Colds | <input type="radio"/> Scarlet Fever |
| <input type="radio"/> Cancer | <input type="radio"/> Frequent Nosebleeds | <input type="radio"/> Severe Headache |
| <input type="radio"/> Chicken Pox | <input type="radio"/> Hay Fever | <input type="radio"/> Sickle Cell Anemia |
| <input type="radio"/> Chronic Constipation | <input type="radio"/> Hearing Problems | <input type="radio"/> Speech Difficulties |
| <input type="radio"/> Convulsions | <input type="radio"/> Heart Disease | <input type="radio"/> Tonsillitis |
| <input type="radio"/> Diabetes | <input type="radio"/> Hernia | <input type="radio"/> Vision Problems |
| <input type="radio"/> Earaches | <input type="radio"/> Hyperactivity | |

Is your child being seen by a doctor for any of the above? _____ Yes _____ No If yes, please provide details

Is your child taking any daily medications? _____ Yes _____ No If yes, please list medication and purpose.

Has your child had any operations, severe accidents or injuries? _____ Yes _____ No If yes, please provide dates and details.

Parent Signature _____

Date _____



AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize (school name) _____ to release information to:

Sister Thea Bowman Catholic Academy
721 Rebecca Avenue
Pittsburgh, PA 15221
Ms. Tamera Boozer, Office Administrator
Office Phone 412-242-3515 x 100
Fax 412-241-3199
office@stbca.net

STUDENT NAME _____
(please print)

Information to be forwarded includes:

- Academic Records
- Discipline Records
- Health & Dental Records
- Other Available School Records

This information is to be used for professional purposes only and should be held strictly confidential.

Parent/Guardian Signature

Date

Please Print Parent/Guardian Name