

**North American Martyrs Catholic School**  
**Registration Guidelines**  
**2017-2018**

Thank you for your interest in North American Martyrs School! Please refer to the following guidelines when submitting this form. Please contact the Advancement Office for more information about enrolling your child in our school for the 2017-2018 school year. Private tours are available at your convenience.

1. Please print all of the information that is requested on this registration form.
2. Registration form must be accompanied by a copy of the student's birth certificate, Social Security card, and Baptismal Certificate (This is not mandatory if the child has not yet been baptized).
3. In order to be registered with the school, this form must be accompanied by a non-refundable enrollment fee. The enrollment fee is then applied to the tuition for the 2017-2018 school year.

**Our enrollment fee for all applicants is \$100.00.**

4. In order to be considered for the parishioner tuition rate, one must:
  - a. Be a registered member of North American Martyrs parish making regular use of the envelopes provided by the parish, and
  - b. Be participating in the parish life by being active within the school community or in other parish ministries *(These criteria will be verified by the North American Martyrs parish offices if (a) and (b) are not being met during the first semester, the family will then be charged the non-parishioner rate for the following school year.)*

**-OR-**

- a. Be a registered member of another parish within the Diocese of Pittsburgh and present a signed Pastor Verification Form which will be provided to you.
5. All other questions or concerns can be answered by contacting:

Advancement Office  
North American Martyrs School  
2526 Haymaker Road  
Monroeville, PA 15146  
Cole@nameschool.org  
(412) 373-0889 ext. 24

# North American Martyrs Catholic School Registration Form

For office use only:

\_\_\_\_\_ One Call

\_\_\_\_\_ Option C

\*All Students are accepted on a 90 day probationary period

Application Date \_\_\_\_\_

Class/Grade applying for:

\_\_\_\_\_ Pre-K 3 (2-day/A.M.)

\_\_\_\_\_ Pre-K 4 (3-day/A.M.)

\_\_\_\_\_ Kindergarten

\_\_\_\_\_ Pre-K 3 (2-day/full day)

\_\_\_\_\_ Pre-K 4 (3-day/full day)

\_\_\_\_\_ Grades 1<sup>st</sup>-8<sup>th</sup>

\_\_\_\_\_ Pre-K 4/5 (5-day/full day)

(Please specify) \_\_\_\_\_

## Student Information

Student Name \_\_\_\_\_  
(First) (Middle) (Last)

Male

Female

Student Address \_\_\_\_\_  
(Number/Street) (City) (Zip)

Home Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State) (Zip)

Social Security Number \_\_\_\_\_ *(attach copy of card)*

Last School Attended \_\_\_\_\_ Grade Attended \_\_\_\_\_  
(Name/District)

Address of Last School Attended \_\_\_\_\_  
(Number/Street) (City) (Zip)

School district where you currently reside \_\_\_\_\_

## Family Information

Father/Guardian Name \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
*(if different than student's)* (Number/Street) (City) (Zip)

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_  
(Number/Street) (City) (Zip)

Business Phone Number  \_\_\_\_\_ Business E-mail \_\_\_\_\_

*(please turn over)*

**Family Information**

Mother/Guardian Name \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(if different than student's) (Number/Street) (City) (Zip)

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_  
(Number/Street) (City) (Zip)

Business Phone Number \_\_\_\_\_ Business E-mail \_\_\_\_\_

**General Information**

Names of Brothers/Sisters \_\_\_\_\_  
(Name) (Age)  
\_\_\_\_\_  
(Name) (Age)  
\_\_\_\_\_  
(Name) (Age)

Are you registered at North American Martyrs Parish?  Yes  No

If not, please list the parish, if any, in which you are registered \_\_\_\_\_

\_\_\_\_\_  
(Parish Address) (City) (State) (Zip)

Was the student baptized at NAM?  Yes Date \_\_\_\_\_  No If not, please list the appropriate church.

\_\_\_\_\_  
(Church Name) (Address) (City/State) (Zip)

Has your child received First Communion?  Yes Date \_\_\_\_\_  No If yes, please list the parish and date where the sacrament was received.

\_\_\_\_\_  
(Church Name) (Address) (City/State) (Zip)

Has your child been tested for a learning disability?  Yes  No

Does your child have an I.E.P.?  Yes  No

How did you hear about North American Martyrs School? \_\_\_\_\_

Were you referred by a current school family?  Yes  No Referring Family Name: \_\_\_\_\_

*For preschool registrants:* Do you plan to send your child to NAM School for kindergarten?  
 Yes  No  Maybe