

2427 MARIETTA AVENUE
LANCASTER, PA 17601



PHONE: (717) 394-1742
School Office: Option 3

Kindergarten Application 2017-2018

_____ Student's Last Name _____ First Name _____ Middle Name _____

Please check one: _____ 1/2 day _____ full day Gender: _____ (M) _____ (F)

Date of Birth: _____ Birthplace: _____

Religion: _____ Registered Parish: _____

Parish of Baptism: _____ Date of Baptism: _____

How did you hear about Saint Leo the Great Catholic School? _____

Previous school attended: _____ Address: _____ (City/State)

Father's Full Name: _____

Mother's Full Name: _____

Street Address: _____

City/State/Zip Code: _____

Public School District in which you reside: _____

Email Address (please print): _____

Home Phone: _____ Cell Phone: _____

Names of siblings currently attending Saint Leo the Great Catholic School:

Names of siblings not currently attending Saint Leo the Great Catholic School:

All students are on an academic and behavioral probation for one academic year. Reasonable accommodations will be made for students with special needs. Administrative and faculty assessments will be made during this period of time to determine if the school can meet the student's needs. The Parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and by the Saint Leo the Great Parish/School, including but not limited to those set forth or referred to in the school's and/or diocesan student handbook.

2017-2018 Fees: – non refundable
New Student Application Fee - \$50.00 (due with application)
Family Registration Fee - \$100.00 (due with tuition commitment form)

_____ (parent/guardian signature) _____ (date) _____ (parent/guardian signature) _____ (date)

FOR SCHOOL OFFICE USE ONLY:	
New Student Application Fee Paid _____ (yes) _____ (no)	Date Received _____
Check # _____	Baptismal Certificate _____
Annual Registration Fee Paid _____ (yes) _____ (no)	Parish Verification (new families only) _____
Check # _____	State Issued Birth Certificate _____
	Updated Immunization Record _____
	Acceptance Letter _____ (yes) _____ (no) 01/2017