OMPH
Our Mother of Perpetual Help School
Reverence, Respect and Responsibility
Phone: 717-738-2414 FAX: 717-738-4983 Enrollment Office E-mail: enrollment@omph.org

Admission Procedure for Grades 1-8

Thank you for your interest in OMPH School! We look forward to having your family join us. Please contact the Enrollment Office if you have any registration questions.

1. Return completed pre-admission forms along with all required items on checklist.

2. After application and pre-admission requirements are complete, teachers and principal will review the applicant's information. At this time, the family will be notified of the student's application status for enrollment (yes, no, or pending conditions).

3. **Prior to final acceptance and enrollments, students entering Grades 4 – 8 <u>MUST</u>:**
   - meet with principal
   - student gives a written response to two questions:
     - Why is education important to you?
     - Why would you want to attend a Catholic School?

4. A student may spend a day at OMPH School with principal and teacher approval.

5. Upon notice of acceptance and enrollment, formal registration must be finalized. The following must be completed before official enrollment is granted. Upon official enrollment, students will be considered for financial aid. Official formal registration includes:
   - completing form requesting academic, discipline, and health records from previous school (All students must have an immunization card with immunizations documented as required by the PA Department of Education)
   - submitting the non-refundable registration fee
   - completing the OMPH registration form
   - providing copy of legal custody documentation (if applicable)
   - completing the reservation/enrollment tuition agreement

6. Ordinarily and in line with best educational practices, students are not accepted as transfers into the 8th grade. Consideration will be given to students who move into the area from outside our Catholic school service area, or who come from another Catholic school (pending circumstances and consultations).

7. For more information please see full Admission Policy on OMPH Catholic School website or parent handbook.

Note: *Acceptance of all students is conditional upon a review of the student's first four weeks of attendance at which time a parent conference may be required. New students are on probation for a period of one full school year. Failure to report accurately any child's learning disability or similar concerns as well as other academic, conduct, discipline or health records could result in the termination of the child's enrollment.*

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New Student Application Pre-Admission Checklist for Grades 1 – 8

The following <u>are required</u> for pre-admission.

Please indicate with a check mark those items included and sign below.

_____*1. Completed and signed New Student Application form (2 pages)*

_____*2. Completed and signed Diocese of Harrisburg Memorandum of Understanding*

_____*3. Completed and signed Home Language Survey*

_____*4. Completed Verification of Parish Membership Form*

_____*5. Copy of Birth Certificate*

_____*6. Copy of Baptismal Certificate (if applicable)*

_____*7. Copy of Social Security Card*

_____*8. Updated Record of Immunizations*

_____*9. Completed Emergency Medical Authorization Form*

_____*10. Progress report / report card for the current year and previous grade*

_____*11. Letter of reference from a teacher or principal (current or previous school year)*

_____*12. Copies of the results of testing your child has received including (if applicable):*

- _____ Early Intervention
- _____ PreK/Kindergarten Screening
- _____ Psychological
- _____ Speech/Occupational/Physical therapy
- _____ Counseling Services
- _____ Current Academic Evaluations/Copies of Standardized Test Scores

Verification:
I verify that the information provided is accurate to the best of my knowledge.

Parent/Guardian Name (PRINT): _____
(Please Print)

Parent/Guardian SIGNATURE: _____
Date: _____

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New Student Application Form ~ Grades 1 – 8

Student _____
First Name Full Middle Name Last Name

Registering for Grade _____ Desired date for school entry _____

Date of Birth _____ Age _____ Gender _____

1. Previous Schools Attended:

Name	Address	Grades
_____	_____	_____
_____	_____	_____

2. In the schools listed above, student participated in: (Check all that apply)

____ Reading Assistance ____ Math Assistance ____ ESL ____ Speech
____ Gifted Program ____ Learning Support ____ Emotional Support

3. Does the student have an Individualized Education Program? ____ Yes ____ No

4. Has the child ever been retained? ____ Yes ____ No

5. Has the child ever been home schooled? ____ Yes ____ No

6. Has the child ever been suspended from school? ____ Yes ____ No

7. Has the child ever been expelled from school? ____ Yes ____ No

8. Reason for leaving current school: _____

9. Custody Information: *(please check one or more)*
_____ Student resides with both parents.
_____ Student resides with single parent.
_____ Legal custody is with the father. *(documentation required)*
_____ Legal custody is with the mother. *(documentation required)*
_____ Legal custody is with _____. *(documentation required)*
_____ Custody is presently being disputed.
_____ Court documentation provided.

10. Health/medical concerns _____

11. Ethnicity (Circle one)

American Indian/Alaskan Native Asian Black Hispanic Native Hawaiian/Pacific Islander White Multi Racial

* How did you hear about OMPH School? _____

Family Information:

Child's Name _____

Address _____
Street City Zip

School District of Residence (child) _____

Place of Birth _____ _____

Date of Birth _____ SS# _____

Registered Parish _____

Sacrament	*Parish*	*City/Town*	*Date*
Baptism	_____	_____	_____
First Penance	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Parent 1 Full Name: _____ Occupation: _____ Religion _____

Place of Birth: _____ Highest Level of Education: _____

Home Phone_____ Cell Phone_____ Work Phone_____ Email_____

Address (if different from child): _____
Street City Zip

Parent 2 Full Name: _____ Occupation: _____ Religion _____

Place of Birth: _____ Highest Level of Education: _____

Home Phone_____ Cell Phone_____ Work Phone_____ Email_____

Address (if different from child): _____
Street City Zip

Siblings

_____ Birth Date _____ Present Grade ____

_____ Birth Date _____ Present Grade ____

_____ Birth Date _____ Present Grade ____

_____ Birth Date _____ Present Grade ____

Financial aid is available to families who are unable to pay the full tuition, but will be considered after full acceptance and enrollment is completed.

Verification:

I verify that the information provided in this form is accurate to the best of my knowledge. After a review of the pre-admission form and required items you will be notified if your child is accepted. Acceptance will be conditional upon a review of the student's first four weeks at school at which time a parent/teacher conference may be required.

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 Our Mother of Perpetual Help School, including but not limited to those set forth or referred to in the Diocese of Harrisburg's School Policies and Regulations and/or Our Mother of Perpetual Help's Parent/Student Handbook.

Parent/Guardian Signature _____ ***Date*** _____

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THE DIOCESE OF HARRISBURG

All families enrolling children in Catholic Schools of the Diocese of Harrisburg are apprised of the following *Memorandum of Understanding* which is found in the Diocesan Policy section on the diocesan website at www.hbgdiocese.org. (Community Policy #1115)

CATHOLIC SCHOOL PARENTS
MEMORANDUM OF UNDERSTANDING

As a parent/guardian of a student in a Catholic School I understand and affirm 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), and the diocese.
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 diocesan 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.

Parent 1: _____ Parent 2: _____
Printed Printed

_____ _____
Signature Signature

(Guardian): _____ _____
Printed Signature

Student's Name_____

School: _____ Date: _____

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HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Date: _____

Student's Name: _____ **Entering Grade:** _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school.)
- ☐ **No**
- ☐ **Yes**

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime?

☐ **No** ☐ **Yes**

If yes, complete the following:

Name of School	**State**	**Dates Attended**
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian signature: _____

EMERGENCY MEDICAL AUTHORIZATION FORM – OMPH Catholic School, Ephrata Diocese of Harrisburg

Student's Name & Address	Grade:
	Date of Birth:
	Home Phone:
	School District:
	Bus #:

PARENT/GUARDIAN CONTACT INFORMATION

Parent 1/Guardian Name	Home Phone:
	Cell Phone:
Parent 1's Place of Employment	Work Phone:
Parent 2/Guardian Name	Home Phone:
	Cell Phone:
Parent 2's Place of Employment	Work Phone:

IF ABOVE PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE CALL:

First Contact Name & Address	Relationship:
	Home Phone:
	Cell Phone:
Second Contact Name & Address	Relationship
	Home Phone:
	Cell Phone:

In case of an accident or serious illness, I request the school to contact me or my designate.
In the event emergency treatment is needed, I give the school permission to call 911 immediately. I, also, give the hospital and its authorized personnel and physicians permission to treat my son/daughter as necessary.

Signature of Parent/Guardian: _____ Date: _____

Blood Type:	Medical Issues:
Allergies:	
Taking Medication: Yes_____ No_____	
If yes, Name of medication:	Reason:
Physician Name:	Phone Number:
Dentist Name:	Phone Number:
Medical Insurance Carrier:	

Signature of Parent/Guardian: _____ Date: _____

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Parish Membership Verification

Families new to the school, please submit this form to your parish for membership verification.

Name of Parish:_____

Location: _____
Street City Zip

Parish Envelope Number: _____

Parent(s)/Guardian(s) Name: _____

Address: _____
Street City Zip

Phone Numbers: _____
Home Cell Work

Student(s) Name: Grade:

_____ _____

_____ _____

_____ _____

_____ _____

****

This section to be completed by the Parish:

Family is registered in this Parish _____
Family is NOT registered in this Parish _____

Notes:_____

_____

Pastor's Signature: _____ Date: _____

Please return this form to: **Our Mother of Perpetual Help School**
330 Church Avenue
Ephrata, PA 17522

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How Did You Hear About Us?

Please fill out the information below (**new families only**):

Parent(s)/Guardian(s) Name: _____

Address: _____
Street City Zip

Email Address:_____

New Families: Please let us know if a current school family encouraged you to enroll at OMPH! Please list only one family on this form, so we can consider a tuition credit to the family for the 2023-24 school year (based upon your 2022-23 enrollment at OMPH).

We were referred by the _____ family.

****

This section to be completed by the School:

_____Tuition Credit Given for 2023-24

Notes:_____

_____

_____

Please return this form to:

Our Mother of Perpetual Help School
Attn: Development Office
330 Church Avenue
Ephrata, PA 17522