Dear Parent/Guardian:

Thank you for your interest in Sister Thea Bowman Catholic Academy for your child(ren)'s education. We are a Pre-K through 8th grade school located in Wilkinsburg, PA. We are fully subsidized through the Extra Mile Education Foundation which allows us to offer quality education at a fraction of the cost of other Catholic schools in the area. Our tuition costs are as follows:

- $3,500 for preschool (3 and 4 year olds/5 days per week 8:30 - 2:30)
- $2,000 for a single child family (K-8)
- $2,600 for a multiple child family (excluding preschool student)

Beyond the low tuition costs, nearly all of our families receive further tuition assistance and many pay less than $1,000 for the year.

Our core curriculum has all been updated over the past two years and we are proud of our integration of technology through Smart Boards, Chromebook tablets, and Sphero robots. We are soon to be the recipient of a Matt's Maker Space that will be available to the entire student population.

Please view our website at sistertheabowman.org and click on "Apply Now" to assist you in completing our application information on-line. We look forward to meeting you and if you have any questions, please give us a call at 412-242-3515.

Regards,

Stephanie Michael,  
Principal

Mary Ann Jaskulski,  
Office Administrator
FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school’s website and locate the FACTS link, or go to https://online.factsmgt.com/signin/4L2P7

FACTS CONFIRMATION NOTICE
Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

Frequently Asked Questions
• Is my information secure?
  Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit FACTSmgt.com/Security-Compliance.

• When will my payments be due?
  Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.

• What happens when my payment falls on a weekend or a holiday?
  Your payment will be processed on the next business day.

• What happens if a payment is returned?
  Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.

• How do I make changes once my agreement is on the FACTS system?
  Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**

• What is the cost to set up a payment plan?
  If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS CUSTOMER SERVICE
We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.

Online.FACTSmgt.com
PLEASE COMPLETE ONE ENTIRE PACKET OF INFORMATION PER STUDENT AND RETURN VIA US MAIL OR EMAIL:

MRS. JASKULSKI
SR. THEA BOWMAN CATHOLIC ACADEMY
721 REBECCA AVENUE
PITTSBURGH, PA 15221
OR EMAIL: MJASKULSKI@STBCA.NET

IF YOU HAVE ANY QUESTIONS, I MAY BE REACHED VIA THE FOLLOWING:

PHONE: 412-242-3515 X 100 (PLEASE LEAVE A VOICEMAIL AND I WILL RETURN YOUR CALL WHEN I AM AT SCHOOL)
FAX: 412-241-3199
EMAIL: MJASKULSKI@STBCA.NET

PLEASE ALLOW A DAY OR TWO FOR A RESPONSE. THANK YOU.
### PERMANENT

<table>
<thead>
<tr>
<th>RECEIVED</th>
<th>FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BIRTH CERTIFICATE</td>
</tr>
<tr>
<td></td>
<td>REGISTRATION FORM</td>
</tr>
<tr>
<td></td>
<td>PUBLICITY CONSENT FORM</td>
</tr>
<tr>
<td></td>
<td>CATHOLIC MEMORANDUM OF UNDERSTANDING</td>
</tr>
<tr>
<td></td>
<td>INTERNET/COMPUTER POLICY</td>
</tr>
<tr>
<td></td>
<td>PARENT QUESTIONNAIRE (PK3 – K ONLY)</td>
</tr>
<tr>
<td></td>
<td>PROOF OF BLOOD LEVEL TESTING (KINDERGARTEN ONLY)</td>
</tr>
<tr>
<td></td>
<td>RELEASE OF RECORDS (GRADES 1 – 8)</td>
</tr>
<tr>
<td></td>
<td>PEANUT ALLERGY POLICY</td>
</tr>
<tr>
<td></td>
<td>HOME LANGUAGE SURVEY</td>
</tr>
<tr>
<td></td>
<td>COURT DOCUMENTS.....YES/NO</td>
</tr>
</tbody>
</table>

### YEARLY

<table>
<thead>
<tr>
<th>RECEIVED</th>
<th>FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$50 REGISTRATION FEE</td>
</tr>
<tr>
<td></td>
<td>FACTS PAYMENT PLAN ENROLLMENT</td>
</tr>
<tr>
<td></td>
<td>FACTS SCHOLARSHIP ENROLLMENT</td>
</tr>
<tr>
<td></td>
<td>CONDITIONAL ACCEPTANCE AGREEMENT</td>
</tr>
<tr>
<td></td>
<td>EMERGENCY CARD</td>
</tr>
<tr>
<td></td>
<td>TRANSPORTATION AGREEMENT</td>
</tr>
<tr>
<td></td>
<td>HEALTH HISTORY</td>
</tr>
<tr>
<td></td>
<td>IMMUNIZATIONS</td>
</tr>
<tr>
<td></td>
<td>OTHER:</td>
</tr>
</tbody>
</table>
Sr. Thea Bowman Catholic Academy
721 Rebecca Avenue, Pittsburgh, PA 15221
Phone: 412-242-3515 • Fax: 412-241-3199

STUDENT DATA (Please Print Clearly)

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone Cell</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City ___________________________ Phone Home______________________
State __________ Zip __________

Date of Birth _____________________________________________ Age as of September 1st

<table>
<thead>
<tr>
<th>Public School District of Residence (Taxes paid to)</th>
<th>Public School Building this student would attend if not enrolled at STBCA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current School (if any) __________________________ Address of Current School

Religion ____________________________

Ethnicity (Please Check one): ☐ African-American ☐ Hispanic ☐ Asian ☐ Native American
☐ Caucasian ☐ Multi-racial ☐ Pacific Islander

TRANSPORTATION: Child will be a (please check one): ☐ Car Rider ☐ Walker ☐ Bus Rider

NON-REFUNDABLE $50 REGISTRATION FEE PER FAMILY – WILL BE APPLIED TO FACTS REGISTRATION FEE

FAMILY DATA (Please Print Clearly)

MOTHER (First, Maiden & Last)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home Phone: __________________________
Cell Phone: __________________________
Emergency Phone: ____________________
E-mail: ___________________________
Occupation: __________________________
Employer: ___________________________
Business Phone: ______________________
Religion: ___________________________
If Catholic, parish: __________________
Catholic School Alumni: __________________

FATHER (First & Last)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home Phone: __________________________
Cell Phone: __________________________
Emergency Phone: ____________________
E-mail: ___________________________
Occupation: __________________________
Employer: ___________________________
Business Phone: ______________________
Religion: ___________________________
If Catholic, parish: __________________
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

Page 1 of 3
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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Relationship to student:</th>
</tr>
</thead>
</table>

BROTHERS / SISTERS IN ORDER OF BIRTH:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Male / Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SACRAMENTAL INFORMATION FOR STUDENT *(If Catholic)*

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Church</th>
<th>City &amp; State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconciliation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holy Eucharist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 3
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: ____________

Page 3 of 3
PLEASE COMPLETE
PARENT QUESTIONNAIRE
ONLY IF YOUR CHILD IS
GOING TO ENROLL IN PK3,
PK4 OR KINDERGARTEN
THANK YOU!

Mrs. Jaskulski
# SISTER THEA BOWMAN CATHOLIC ACADEMY
## PARENT QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Name</td>
<td>Boy___ Girl___</td>
</tr>
<tr>
<td>Birthdate</td>
<td>Month/Day/Year</td>
</tr>
<tr>
<td>Mother's Name</td>
<td>Occupation</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City___ Zip ___</td>
</tr>
<tr>
<td>Child Resides With</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother___ Father___ Legal Guardian</td>
</tr>
<tr>
<td>Full Time</td>
<td>If not, please explain</td>
</tr>
<tr>
<td>Father's Name</td>
<td>Occupation</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City___ Zip ___</td>
</tr>
<tr>
<td>Legal Guardian's Name</td>
<td>Occupation</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City___ Zip ___</td>
</tr>
</tbody>
</table>

Page 1 of 3
**SIBLINGS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>GRADE</th>
<th>SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF LAST DOCTOR EXAM**

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LIST ANY MEDICATIONS THAT YOUR CHILD TAKES REGULARLY AND WHY IT IS NEEDED**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**WERE THERE ANY COMPLICATIONS WITH THE PREGNANCY OF THIS CHILD?**

- **YES/NO**
  - IF YES, PLEASE EXPLAIN

**HAS THIS CHILD EVER REQUIRED ANY SPECIAL MEDICAL CARE OR HOSPITALIZATIONS?**

- **YES/NO**
  - IF YES, PLEASE EXPLAIN

**DO YOU HAVE ANY CONCERNS WITH THIS CHILD’S HEARING?**

- **YES/NO**
  - IF YES, PLEASE EXPLAIN

**DO YOU HAVE ANY CONCERNS WITH THIS CHILD’S VISION?**

- **YES/NO**
  - IF YES, PLEASE EXPLAIN

**AT WHAT AGE DID THIS CHILD BEGIN TOILET TRAINING?**

<table>
<thead>
<tr>
<th>COMPLETED? YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**HAS YOUR CHILD BEEN DIAGNOSED WITH OR EXPERIENCE ANY OF THE FOLLOWING:**

- **PLEASE CIRCLE ALL THAT APPLY**

<table>
<thead>
<tr>
<th>ALLERGIES</th>
<th>FATIGUE</th>
<th>NIGHTMARES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANXIETY</td>
<td>FREQUENT FEVERS</td>
<td>NOSE BLEEDS</td>
</tr>
<tr>
<td>ASTHMA</td>
<td>HEADACHES</td>
<td>POOR APPETITE</td>
</tr>
<tr>
<td>BEDWETTING</td>
<td>HEARING PROBLEMS</td>
<td>SEIZURES</td>
</tr>
<tr>
<td>DIGESTIVE PROBLEMS</td>
<td>HEART PROBLEMS</td>
<td>SINUS PROBLEMS</td>
</tr>
<tr>
<td>EAR INFECTION</td>
<td>HYPERACTIVITY</td>
<td>THUMB SUCKING</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VISION PROBLEMS</td>
</tr>
</tbody>
</table>

**AT WHAT AGE DID THIS CHILD SAY HIS/HER FIRST WORDS**

<table>
<thead>
<tr>
<th>PUT 2 AND 3 WORDS TOGETHER</th>
<th>SAY SENTENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER THAN ENGLISH, ARE THERE OTHER LANGUAGE(S) SPOKEN/UNDERSTOOD IN YOUR HOME?**

- **YES/NO**
  - IF YES, WHAT LANGUAGE(S)
<table>
<thead>
<tr>
<th>DOES YOUR CHILD (PLEASE CHECK ONE)</th>
<th>YES</th>
<th>NO</th>
<th>NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SING LITTLE SONGS OR COMMERCIALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRY OR WHINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEEM TO BE UNUSUALLY QUIET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REPEAT ACTIONS OR WORDS NEEDLESSLY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAY ATTENTION TO WHAT YOU SAY OR DO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEEM TO BE RESTLESS OR FIDGETY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEEM TO BE HAPPY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAY &quot;I CAN'T&quot; WITHOUT TRYING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAVE TEMPER TANTRUMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEEM TO BE A LEADER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRY WHEN NOT GIVEN HIS/HER WAY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOVE SLOWLY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT WITHOUT REASON, ON THE SPUR OF THE MOMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAY WELL WITH OTHER CHILDREN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GET UPSET EASILY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAVE MANY UNUSUAL OR DIFFERENT IDEAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABILITY TO SEPARATE FROM PARENT OR CAREGIVER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN COOPERATE WITH ADULTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABILITY TO SIT AND PLAY FOR SHORT PERIODS OF TIME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN PLAY INDEPENDENTLY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES AT HOME

| DOES YOUR CHILD PREFER TO PLAY ALONE OR WITH OTHERS |     |
| HOW DOES YOUR CHILD GET ALONG WITH SIBLINGS AND PLAYMATES |     |
| DO YOU HAVE ANY CONCERNS ABOUT THIS CHILD (FEARS, BEHAVIORS, ETC) |     |
| DOES THIS CHILD ATTEND PRESCHOOL | YES/NO |     |
| IF YES, WHERE |     |     |
| HOW LONG |     |
| IF NO, ARE THERE FINANCIAL CIRCUMSTANCES THAT MAKE IT DIFFICULT YES/NO |     |
| LIST ANY OTHER REASONS YOUR CHILD DOES NOT ATTEND PRESCHOOL |     |
| DOES ANYONE READ STORIES TO THIS CHILD? | YES/NO | WHO |     |
| HOW MANY HOURS EACH DAY DOES YOUR CHILD WATCH TV |     |
| WHAT DO THEY WATCH |     |
| DOES YOUR CHILD KNOW (CIRCLE ALL THAT APPLY) | ABC'S | COLORS | NUMBERS |     |
| DOES YOUR CHILD SEEM TO HAVE DIFFICULTY REMEMBERING ABC'S, COLORS, OR NUMBERS | YES/NO |     |

PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WOULD HELP US TO GET TO KNOW/UNDERSTAND YOUR CHILD.

| COMPLETED BY |     | RELATIONSHIP | 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
Mary Ann Jaskulski, Office Administrator
Office Phone 412-242-3515 x 100
Fax 412-241-3199
mjaskulski@stbca.net

STUDENT NAME __________________________________________
(please print)

Information to be forwarded includes:

• Academic Records
• Discipline Records
• Health & Dental Records
• All Testing 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
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
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.

_____________________________  _______________________
Parent or Guardian, Please Print and Sign Name       Date
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 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 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.

FAMILY ADDRESS:

________________________________________

________________________________________

SIGNATURE: ____________________________ Parent______Guardian______

(please check one)

______________________________

(please print name)

Please indicate whether you are the parent or guardian on the line above. Thank you.
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 diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept the 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.

Mother: ___________________________  ___________________________  ___________________________
Print Name                                          Signature

Father: ___________________________  ___________________________  ___________________________
Print Name                                          Signature

Guardian: ___________________________  ___________________________  ___________________________
Print Name                                          Signature

Student’s Name (Please Print): ___________________________

Date: ___________________________

REGISTRATION FORM MUST BE ACCOMPANIED BY A SIGNED AND DATED MEMORANDUM OF UNDERSTANDING

Revised: August 2018
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 goals it 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 ____________

Page 1 of 2 (over)

Revised 2020
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.
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.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 E. Michael, Principal
TRANSPORTATION AGREEMENT FORM

STUDENT NAME ____________________________ GRADE ______________

BIRTHDATE ______________________________ AGE _______________

STUDENT'S ADDRESS ________________________ (city) ________________
(street) ____________________________________________ (zip code)

PARENT/GUARDIAN'S NAME (please print)

MOTHER: ___________________________ PHONE ______________________

FATHER: ___________________________ PHONE ______________________

GUARDIAN: _________________________ PHONE ______________________

My child gets TO SCHOOL by: (please check)

_____ Bus/Bus # ______ Home School District ________________________

_____ Car

_____ Walker

_____ Daycare Program __________________________ Phone ____________

Days of the Week (circle) M T W TH F

My child gets home FROM SCHOOL by:

_____ Bus/Bus # ______ Home School District ________________________

_____ Car

_____ Walker

_____ Daycare Program __________________________ Phone ____________

_____ Extended Day STBCA

Days of the Week (circle) M T W TH F

Revised 2020
WILKINSBURG SCHOOL DISTRICT
SISTER THEA BOWMAN CATHOLIC ACADEMY
HEALTH HISTORY

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

DATE OF BIRTH________________________ AGE____ SEX: ____ M____F

PREVIOUS SCHOOL

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

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

Is your child being seen by a doctor any of the above? ____YES ____NO  If yes, please provide details:

__________________________________________________________

Is your child taking any daily medications? ____YES ____NO  If yes, please provide list medication and purpose.

__________________________________________________________

Has your child had any operations, severe accidents or injuries? ____YES ____NO  If yes, please provide dates and details.

__________________________________________________________

Parent/Guardian Signature ___________________________ Print ___________________________ Date ___________________________

Revised 2020
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
HOME LANGUAGE SURVEY*

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

SCHOOL DISTRICT: Diocese of Pittsburgh

DATE: ______________________

SCHOOL: Sister Thea Bowman Catholic Academy

STUDENT'S NAME: ______________________

GRADE ______________

(please print student name)

1. What was the student's first language?

2. Does the student speak a language other than English?
   If yes, specify language

   (Does not include languages learned in school.)

3. What language(s) is/are spoken in your home?
   a. ______________________
   b. ______________________

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

______________________________

(please print)

Signature

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

August 2015