



721 Rebecca Avenue
Pittsburgh, PA 15221

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

SISTER THEA BOWMAN CATHOLIC ACADEMY

Dear Parent/Guardian:

Thank you for your interest in Sister Thea Bowman Catholic Academy for your child(ren)'s education. We are a Preschool through 8th grade school located in Wilkinsburg, Pennsylvania. 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 yearly tuition costs are as follows:

\$3,500 for preschool (3 and 4 year olds – 5 full days per week, 8:30 AM – 2:30 PM)

\$2,000 for a single child family (K-8)

\$2,600 for a multiple child family (PK – 8)

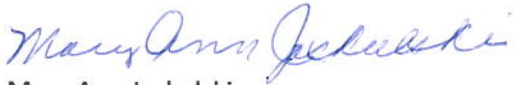
Beyond the low tuition costs, nearly all of our families receive further tuition assistance and many pay less than \$1,000 for the year.

Our core curriculum has all been updated over the past three years and the teachers have worked tirelessly to create curriculum maps for the core subjects which provide horizontal and vertical alignment throughout the school. We are proud to share that we are 1-to-1 with chromebooks/chrome tablets for our entire student population, and teachers regularly utilize SMART Boards within their daily lessons. We are a recent recipient of a Matt's Maker Space which provides all students with a room where they can design and create new things. During the 2021-2022 school year, we will also be restarting our sports programs, which have been on hiatus for several years.

2021-2022 is looking to be a fantastic year! We look forward to meeting you and if you have any questions, please give us a call at 412-242-3515.

Sincerely,


Stephanie Michael,
Principal


Mary Ann Jaskulski,
Office Administrator

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:

Mrs. Jaskulski
Sister Thea Bowman Catholic Academy
721 Rebecca Avenue
Pittsburgh, PA 15221
mjaskulski@stbca.net

If you have any questions, please call Mrs. J at 412-242-3515 x 100.



NEW STUDENT REGISTRATION REQUIREMENTS

1. Completed enrollment packet
2. Completed Parent Questionnaire (PK 3 and PK 4 & Kindergarten Only)
3. Completed Authorization for Release of Records (Kindergarten through 8th Only)
4. \$50 **non-refundable** registration fee (**cash or money order only**)
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. Current immunizations
7. PK4 thru 8 will need to be scheduled for academic screening
8. PK3 and PK4 MUST BE BATHROOM INDEPENDENT prior to start of school

Please bring your completed enrollment packet to the administrative office:

Sister Thea Bowman Catholic Academy
721 Rebecca Avenue
Pittsburgh, PA 15221
412-242-3515



Tuition Management

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](https://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





SISTER THEA BOWMAN CATHOLIC ACADEMY

**IMPORTANT MESSAGE FROM THE WILKINSBURG SCHOOL DISTRICT NURSE
SCHOOL YEAR**

Dear Parent/Guardian:

Students entering Kindergarten, First, Third, Sixth and Seventh grades will require the following:

KINDERGARTEN – Physical Exam
FIRST GRADE - Dental & Physical Exams
THIRD GRADE – Dental Exam
SIXTH GRADE – Physical Exam
SEVENTH GRADE – Dental Exam

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING IMMUNIZATIONS:

- 4 doses of tetanus, diphtheria, and acellular pertussis (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after the previous dose)
- 2 doses of measles, mumps, rubella
- 3 doses of hepatitis B
- 2 doses of varicella (chicken pox) or evidence of immunity

If a child needs additional doses of a vaccine and it is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion.

For attendance in 7th Grade the following immunizations are needed on the first day of school unless the child has a medical or religious exemption or risk exclusion.

- 1 dose of meningococcal vaccine (MCV)
- 1 dose of tetanus, diphtheria, acellar pertussis (Tdap)

Sister Thea Bowman Catholic Academy

721 Rebecca Avenue, Pittsburgh, PA 15221
 Phone: 412-242-3515 Fax: 412-241-3199
 www.sistertheabowman.org

STUDENT INFORMATION *(Please Print Clearly):*

ENTERING GRADE: _____

Last Name:	First Name:	Middle Name:
Home Address:		Male/Female
City:	State: Zip code:	Home Phone:
Date of Birth (mm/dd/yyyy):		Age as of September 1st:
Public School District of Residence (Taxes paid to):		Public School Building this student would attend:
Religion (student does not need to be Catholic to attend STBCA):	If Catholic, Name of Parish and Diocese:	
Current School Attending (if any):	Address of Current School (if attending):	
Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial		

TRANSPORTATION: Car Rider Walker Bus Rider

REGISTRATION FEE: \$50 non-refundable registration fee per family due with application
 This fee will be credited toward the April tuition payment

FAMILY INFORMATION *(Please Print Clearly):*

MOTHER (First, Maiden, and Last)	FATHER (First and Last)
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-Mail:	E-Mail:
Occupation:	Occupation:
Employer:	Employer:
Religion:	Religion:
Parish where registered (if Catholic):	Parish where registered (if Catholic):
Catholic School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

For office use only: <input type="checkbox"/> Registration Fee <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism Certificate (if Catholic) <input type="checkbox"/> Contract <input type="checkbox"/> Immunizations/Health Records <input type="checkbox"/> Academic Records <input type="checkbox"/> Discipline Records <input type="checkbox"/> FACTS <input type="checkbox"/> Emergency Card <input type="checkbox"/> Transportation Agreement <input type="checkbox"/> Publicity Consent/Release <input type="checkbox"/> Memorandum of Understanding <input type="checkbox"/> Acceptable Use Policy/Computer Internet Policy <input type="checkbox"/> Home Language Survey

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 student's address. How do you wish correspondence from the school to be addressed?
(Examples: Mr. and Mrs. John Miller; Ms. Veronica Smith; Mr. John Smith; Mrs Veronica Smith)

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

Name:
Address:
Relationship:

BROTHERS / SISTERS IN ORDER OF BIRTH:

	Name	Male/Female	Date of Birth
1.			
2.			
3.			
4.			

SACRAMENTAL INFORMATION of Applicant: (If Catholic)

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

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

Has your child ever:

1. Had a psychological evaluation? Yes No
2. Been diagnosed with any of the following:
 LD (Learning Disability) ADD (Attention Deficit Disorder) ADHD (Attention Deficit Hyperactive Disorder) ASD (Autism Spectrum Disorder) ODD (Oppositional Defiant Disorder) Other

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

If yes, please specify: _____

3. Received any of the following services:
 Counseling Emotional/Behavioral Support Gifted Support Speech/Language Project Dart
 Learning Support Math Reading Other
4. Had an IEP/IFSP? Yes No If yes, what is the disability? _____
Please submit a copy of the IEP/IFSP.

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 _____

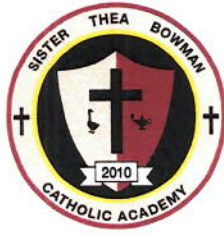
9. Been expelled from school? Yes No If yes, please explain _____

Parent/Guardian Signature _____

Date _____

In order for a student to be accepted and registration finalized, all documentation as noted on the bottom of the first page must be submitted.

New students are accepted on a probationary basis. New students and their families should be cognizant of, and willing to comply with, all school expectations. If problems arise during the probationary period which have not been resolved, the student will be required to transfer.



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))

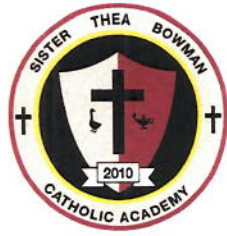
to assist in its community awareness, educational efforts and related publicity purposes. In addition, permission is hereby given for the use of the stated individual name(s) and biographical information for said purpose.

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: _____



**SISTER THEA BOWMAN CATHOLIC ACADEMY
COVID-19 MEMORANDUM OF UNDERSTANDING**



STUDENT NAME(S): _____

I understand and agree to the following means of safeguarding the School community in the midst of the COVID-19 global pandemic. (Please check each box):

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. The School has put in place reasonable preventative measures and standards of behavior in which members of the School community are expected to comply to reduce the spread of COVID-19 at School. Such precautions include, but are not limited to, wearing a face covering throughout the school day, handwashing/sanitizing, social distancing, and self-screening. Even with implementation of these safety protocols, the School cannot guarantee that you/your child/a household member will not become infected with COVID-19 and attendance at School and/or participation in the School activity, sport, or event could increase your/your child/a household member's risk of contracting COVID-19.

Prior to each School day, activity, sport, or event, I understand and agree that I must ask myself the questions below. Should the answer to any of the questions on any given day be "Yes," I understand my child is not permitted to attend School and/or participate in the School activity, sport, or event.

- Has my child had a fever as defined by the CDC during the past 24 hours?
- Has my child had a new or unexpected cough during the past 7 days?
- Has my child been around anyone exhibiting these symptoms within the past 14 days?
- Is my child living with anyone who has been sick, has exhibited symptoms of COVID-19, or is currently under quarantine for exposure to COVID-19?
- Has my child traveled internationally within the last 14 days?
- Has my child traveled to a state identified by the PA Department of Health as having high amounts of COVID-19 cases in the last 14 days?
- Has my child disregarded CDC guidelines and failed to limit his/her exposure to COVID-19?

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19 or other illness, or if otherwise requested by the Principal, at his/her discretion, I will be contacted by School, and I will make immediate preparations to have my child picked up from School. In the event of a medical emergency, I authorize the School to call 9-1-1 and have my child transported to a hospital or healthcare facility.

I further understand that, in the event that my child contracts COVID-19 or becomes exposed to someone with COVID-19, my child will need to be isolated or quarantined as directed by CDC.

I understand that no one may be present on School property or attend a School activity, sport, or event until he/she meets Pennsylvania Department of Health and Pennsylvania Department of Education's criteria to return to School.

COVID-19 SYMPTOMS?	COVID-19 TEST?	MAY RETURN TO SCHOOL AFTER:
YES	NO	No Health Care Provider Evaluation: <ul style="list-style-type: none"> <input type="checkbox"/> 10 days since symptoms first appeared; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved. Evaluated by Health Care Provider: <ul style="list-style-type: none"> <input type="checkbox"/> Health care provider provided written release to return to school; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved.
YES	YES COVID-19 POSITIVE	10 days since symptoms first appeared; and At least 24 hours with no fever without fever-reducing medication; and Symptoms have improved.
YES	YES COVID-19 NEGATIVE	No Health Care Provider Evaluation: <ul style="list-style-type: none"> <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved Evaluated by Health Care Provider: <ul style="list-style-type: none"> <input type="checkbox"/> Health care provider documented an alternative diagnosis; and <input type="checkbox"/> Health care provider provided written release to return to school.
NO	YES COVID-19 POSITIVE	10 days have passed since test, or He/she receives two negative test results in a row, at least 24 hours apart.
CLOSE CONTACT WITH SOMEONE WITH COVID-19		14 days after exposure unless he/she develops symptoms, in which case see above.

I understand that individuals who have a weakened immune system (immunocompromised) due to a health condition or medication may need to take additional precautions and/or stay home longer than 10 days in the event of infection. These individuals are encouraged to consult their healthcare provider and work with the School Principal to effectuate any necessary reasonable accommodations.

To preserve the integrity of the School program throughout the pandemic, I further understand and agree to the following:

School will make every effort to provide remote learning available throughout the pandemic, enabling students to continue their education seamlessly in and out of the classroom setting. Such distance learning shall be consistent with School's mission, providing faith formation, academic rigor, quality, academic support, and assessment of objectives consistent with in-person classes, and is subject to the Student Parent Handbook and School internet use policy.

I understand that in-person School classes may be recorded and/or live streamed to facilitate distance learning, and I hereby give permission to record and/or live stream my child in the classroom setting for such educational purposes. The teacher shall have the sole ability to make such recordings, which shall be used strictly for educational purposes by the School community on approved platforms. Screenshots of individuals are strictly prohibited.

I give permission for my child to participate in any distance learning offered online by the School through educational platforms such as Google Classroom and Zoom platforms for online synchronous video instruction. I understand that web-based activities entail known and unanticipated risks that cannot be eliminated. As a result, School recommends the use of appropriate Internet filtering software.

I understand and agree that in the event it becomes necessary for School to solely educate students via distance learning for any time period, I will not be entitled to a refund of or release from payment for any tuition or fees.

I understand and voluntarily assume the risk of my child contracting COVID-19 by attending School and/or through participating in a School activity, sport, or event and hereby waive any and all claims against and agree to hold the School, Parish/Region, and Diocese of Pittsburgh harmless as set forth below:

In consideration for providing my child the opportunity to attend School and/or participate in a School activity, sport, or event and any related transportation to and from the same, both my child and I voluntarily agree to waive, and discharge any and all claims against School, its Governing Bodies, the individual members thereof, the Diocese of Pittsburgh, the Most Reverend David A. Zubik, Trustee, and all successors, assigns, officers, agents, employees, volunteers, and representatives and release them from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the School or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the School, its Governing Bodies, the individual members thereof, the Diocese of Pittsburgh, the Most Reverend David A. Zubik, Trustee, and all successors, assigns, officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's attendance at School and/or participation in a School activity, sport, or event and any related transportation to and from the same.

I understand and hereby authorize the School, Parish/Region, and Diocese of Pittsburgh to enforce such other reasonable measures and directives as may be deemed necessary by the School.

I/We am/are the parent or legal guardian of the student named above. I/We have carefully read and fully understand all provisions of this COVID-19 Acknowledgement, Waiver, Release, and Assumption of Risk. I/We have the legal authority to consent to and, by signing below, I/we hereby do consent to the forgoing terms and conditions on behalf of myself/ourselves and the above-named student(s).

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(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.**

PLEASE COMPLETE
PARENT
QUESTIONNAIRE ONLY
IF YOUR CHILD IS
GOING TO ENROLL IN
PK-3, PK-4 OR
KINDERGARTEN

Thank you!

Mrs. Jaskulski



SISTER THEA BOWMAN CATHOLIC ACADEMY PARENT QUESTIONNAIRE

CHILD'S NAME _____ BOY ___ GIRL ___
(FIRST) (LAST)

BIRTHDATE _____
Month/Day/Year

MOTHER'S NAME _____ OCCUPATION _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

CHILD RESIDES WITH: ___ MOTHER ___ FATHER ___ LEGAL GUARDIAN

FULL TIME _____ IF NOT, PLEASE EXPLAIN _____

FATHER'S NAME _____ OCCUPATION _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

LEGAL GUARDIAN'S NAME _____ OCCUPATION _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

SIBLINGS

NAME _____ AGE _____ GRADE _____ SCHOOL _____

NAME _____ AGE _____ GRADE _____ SCHOOL _____

NAME _____ AGE _____ GRADE _____ SCHOOL _____

NAME _____ AGE _____ GRADE _____ SCHOOL _____

DATE OF LAST DOCTOR EXAM _____ HEIGHT _____ WEIGHT _____

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

WERE THERE ANY COMPLICATIONS WITH THE PREGNANCY OF THIS CHILD?

YES/NO IF YES, PLEASE EXPLAIN _____

HAS THIS CHILD EVER REQUIRED ANY SPECIAL MDICAL 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? _____ COMPLETED? YES/NO

HAS YOUR CHILD BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING:
(PLEASE CIRCLE ALL THAT APPLY)

- | | | |
|--------------------|------------------|-----------------|
| ALLERGIES | FATIGUE | NIGHTMARES |
| ANXIETY | FREQUENT FEVERS | NOSE BLEEDS |
| ASTHMA | HEADACHES | POOR APPETITE |
| BEDWETTING | HEARING PROBLEMS | SEIZURES |
| DIGESTIVE PROBLEMS | HEART PROBLEMS | SINUS PROBLEMS |
| EAR INFECTION | HYPERACTIVITY | THUMB SUCKING |
| | | VISION PROBLEMS |

AT WHAT AGE DID THIS CHILD SAY HIS/HER FIRST WORDS _____
PUT 2 AND 3 WORDS TOGETHER _____ SAY SENTENCES _____

OTHER THAN ENGLISH, ARE THERE OTHER LANGUAGE(S) SPOKEN/UNDERSTOOD IN YOUR HOME? YES/NO
IF YES, WHAT LANGUAGE(S) _____

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

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
- 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



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
Wilkesburg 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



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 located 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](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



TRANSPORTATION AGREEMENT FORM

Student's Full Name _____
(please print) First Last

Teacher _____ Grade _____

Student's Address _____

Parent/Guardian's: Mother's Name _____
Mother's Phone _____
Father's Name _____
Father's Phone _____
Guardian's Name _____
Guardian's Phone _____

EMERGENCY CONTACT & PHONE NUMBER _____

TRANSPORTATION TO SCHOOL – My child gets to school by: (please complete)

- | | | Day of Week |
|-----------------------|---|-------------|
| <input type="radio"/> | Bus.....Bus # _____ School District _____ | M T W T H F |
| <input type="radio"/> | Car | M T W T H F |
| <input type="radio"/> | Walker | M T W T H F |
| <input type="radio"/> | Daycare Program Name _____ Phone # _____ | M T W T H F |

TRANSPORTATION FROM SCHOOL – My child gets home from school by: (please complete)

- | | | Day of Week |
|-----------------------|--|-------------|
| <input type="radio"/> | Bus.....Bus # _____ Home School District _____ | M T W T H F |
| <input type="radio"/> | Car | M T W T H F |
| <input type="radio"/> | Walker | M T W T H F |
| <input type="radio"/> | Daycare Program Name _____ Phone # _____ | M T W T H F |
| <input type="radio"/> | Extended Day STBCA | M T W T H F |

IMPORTANT NOTES FROM FAMILY:

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 _____ (PLEASE PRINT) CURRENT GRADE _____

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

RETURN FORMS CHECK LIST

- Birth Certificate
- Registration Form
- Publicity Consent Form
- Catholic Memorandum of Understanding
- Catholic Memorandum of Understanding (Covid 19)
- Acceptable Use Policy (Technology)
- Parent Questionnaire (PK-3, PK-4, Kindergarten Only)
- Proof of Blood Level Testing (Kindergarten Only)
- Release of Records (Grades 1 – 8)
- Peanut Allergy Policy
- Home Language Survey
- Court Documents
- Conditional Enrollment Contract
- Transportation Agreement
- Health History Form
- Immunization Records

Please return to:

**Mrs. Jaskulski
Sr. Thea Bowman Catholic Academy
721 Rebecca Avenue
Pittsburgh, PA 15221
or
mjaskulski@stbca.net**