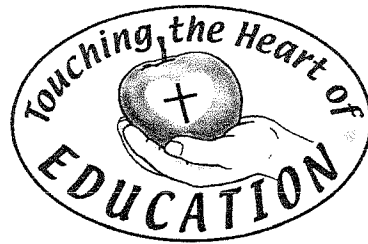
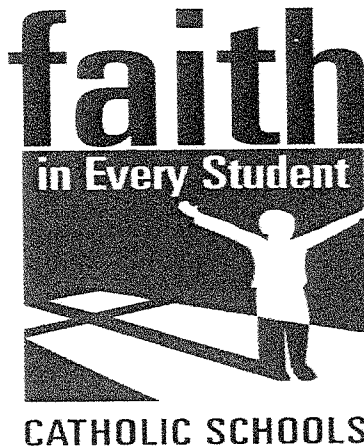


# ST. COLUMBA CATHOLIC SCHOOL



## Preschool & PreK

**"Touching the Heart of  
Education"**



You are personally invited to join the  
St. Columba School Family.

Saint Columba School is a Catholic Elementary School accredited by *Middle States Commission on Elementary Schools*. We are located at 40 East Third Street in Bloomsburg, Pennsylvania.

Part time Preschool for three year olds and PreK for four year olds, full day Kindergarten, and Grades One through Eight are offered at St. Columba School. An after school care program is available until 5:30 p.m. for students in Kindergarten through eighth grade.

Together with you, we will help your child to build a solid foundation for future success.

We strive to prepare students to become effective leaders in today's society, and at the same time, instill Christian values.

We seek to build a faith community where each child is seen as a "gift" with unique abilities and needs. We provide a loving and safe environment. We design class work to help each student attain his / her full spiritual, physical and academic potential.

### Saint Columba School

40 East Third Street  
Bloomsburg, Pa. 17815

Phone: 570-784-5932  
Fax: 570-387-1257

[scsprincipal@saintcolumbaschool.org](mailto:scsprincipal@saintcolumbaschool.org)

[www.saintcolumbaschool.org](http://www.saintcolumbaschool.org)



## PRE-SCHOOL AND PRE-KINDERGARTEN REGISTRATION

Dear Parents/Guardians:

To register your child at St. Columba School you must present an original copy of the following documents:

- Birth Certificate
- Baptismal Certificate (if applicable)
- Immunization Records

**A completed registration form, registration survey, and a non-refundable registration fee per family must be paid prior to admission.**

***IMPORTANT: We must have prompt payment of tuition to operate the school. If you anticipate financial issues, please indicate below.***

\_\_\_\_\_ ***Yes, I need to discuss financial assistance.***

St. Columba Catholic School  
Registration Form

Student \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
(Last) (First) (Middle)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Resident Public School District \_\_\_\_\_

Admitted From \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_  
(school)

Address \_\_\_\_\_  
(school) (telephone)

Name of Parent(s)/Guardian(s) with whom student resides: \_\_\_\_\_

If Guardian, relationship to child \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ ( ) c ( ) h \_\_\_\_\_ ( ) c ( ) h

Email address \_\_\_\_\_

Household Situation:

Two Parents ( ) One Parent ( )

Parents separated or divorced ( ) Parent(s) deceased ( )

Parental Rights (In case of separation or divorce) \_\_\_\_\_

Siblings \_\_\_\_\_

Language (other than English) spoken at home \_\_\_\_\_

Please check if your child has ever received:

\_\_\_\_\_ IU Remedial Reading \_\_\_\_\_ IU Remedial Math \_\_\_\_\_ IEP

\_\_\_\_\_ Psychological Evaluation \_\_\_\_\_ Outside Counseling

Registered Parish \_\_\_\_\_ Location \_\_\_\_\_

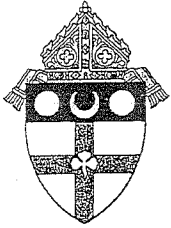
	Parish	City/Town & State	Date
Baptism			
First Penance			
First Eucharist			
Confirmation			

	Name	Religion
Father		
Mother		
Guardian		

Date completed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

A nonrefundable registration fee must accompany this form.  
 Amt Paid \_\_\_\_\_  
 Check # \_\_\_\_\_ or Cash \_\_\_\_\_  
 Date \_\_\_\_\_



**DIOCESE OF HARRISBURG – SECRETARIAT FOR EDUCATION**

4800 Union Deposit Road • Harrisburg • Pennsylvania 17111-3710  
(717) 657-4804 • FAX (717) 657-3790 • www.hbgdiocese.org

**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.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Printed Printed

\_\_\_\_\_  
Signature Signature

(Guardian): \_\_\_\_\_  
Printed Signature

Student's Name \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

**School:**

**Date:**

**Student's Name:**

**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:**

# REGISTRATION SURVEY

1) Name of Student:

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2) Name of Person completing this survey and relationship to the student:

---

3) Why have you chosen St. Columba School for your child?

4) Why is a Catholic education for your child important to you?

5) Which grade level would you like your child to complete at St. Columba School?

**Check all that apply:**

Preschool \_\_\_ Kindergarten \_\_\_ Primary (1-4) \_\_\_ Middle School (5-8) \_\_\_

6) In which ways can you volunteer to support St. Columba School?

