

Application for Enrollment



_____ 2017-2018 _____ 2018-2019

Return Application & Fee to:

\$100 for one child/ \$50 each additional child

Virtuous Academy

One Library Place

Duquesne, PA 15110

PH: (412) 896-6701

Fax: 412-896-8983

Name _____

Address _____

City _____ State _____ Zip _____

Birth date _____ Age _____ Gender _____

Current grade Level _____

Previous School Information:

Name _____ Last grade completed _____

Address _____

Phone No. _____ Fax No. _____

(include copy of transcripts)

Any grade repeated? Yes No If yes, which one? _____

Has your child ever had an IEP, psychological testing, or been part of a DART program?

Yes No If yes, please provide a copy of the records.

Does your child have any physical disability? Yes No

If yes, please describe its nature: _____

Medication(s) _____

For what _____

Allergies _____

Name of Legal
Parent/Guardian(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ (C) _____

In case of Emergency contacts:

1. _____

Relationship _____ Phone _____

2. _____

Relationship _____ Phone _____

“By signing this application, I agree that Virtuous Academy, in compliance with the discipline code, has full discretion in the discipline of my children. Grade placement of my child will be determined by the school. The school reserves the right to dismiss any child who by behavior and attitude hinders the educational process of the school or who does not maintain the academic standards of the school. I agree to support the work of the school in volunteerism and fundraising.”

Parent
Signature _____ Date _____

Parent
Signature _____ Date _____