Diocese of Scranton Catholic Schools

| | New. | Regist | tration |
|--|------|--------|---------|
|--|------|--------|---------|



2019-2020

| | Re-Registration |
|--|-----------------|
|--|-----------------|

Individualized Instruction Program – Application for Enrollment

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|--|-----------------|---|--|--|
| All Saints Aca 1425 Jackson S Scranton, PA 1 570-343-81 | Street 18504 | Good Shepherd Academy 316 North Maple Avenue Kingston, PA 18704 570-718-4724 | Holy Cross High School 501 East Drinker Street Dunmore, PA 18512 570-346-7541 | Holy Redeemer High School 159 South Pennsylvania Boulevard Wilkes-Barre, PA 18701 570-829-2424 |
| Child's Name | Last | | First | Middle |
| Sibling Information | | · | пы | Middle |
| Brothers: | Older | How Many | Younger | |
| | | How Many | Ho | w Many |
| Sisters: | Older | | | |
| | | How Many | Ho | w Many |
| In order to plan for | your child's | s Religious Instruction, please indica | ate the Sacraments your child has red | ceived to date. |
| Baptism | | First Communion | Reconciliation | Confirmation |
| | | | | |
| School Currently A | ttending | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Teacher's Name | | | | |
| Current Placement | | | | |

| Speech | PT |
|--|--|
| Hearing | Behavioral Support (i.e. BSC, TSS) |
| Vision | Medical Support (i.e. Nursing Service) |
| OT | Other |
| n the space below, please tell us about yo | |
| | |
| I grant permission to (please initial) | have my child observed in his/her current educational setting. For Office Use Only Submittal Date: |