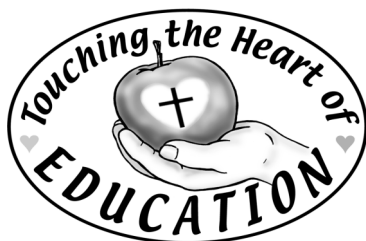


# **St. Columba Catholic School**



## **Grades 1 through 8**



### ***"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.

Preschool for three year olds, 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, we build on the foundation you have begun with your child.

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

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

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



## STUDENT REGISTRATION 2010-2011

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 (may be accepted from school of transfer)

A completed registration form and registration survey along with a non-refundable registration fee of \$75 per family must be presented to the principal prior to admission.

**Please call the school office at 784-5932 ext 2 to request an appointment.**

# St. Columba School +++ Registration Form 2010-2011

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_

Pupil \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Resident Public School District \_\_\_\_\_

Change of Address \_\_\_\_\_

Telephone \_\_\_\_\_ Change of Telephone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ SS# \_\_\_\_\_

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

Admitted from \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_  
(School)

(Address)

	Parish	City/Town & State	Date
Baptism			Verified <input type="checkbox"/>
First Penance			
First Eucharist			
Confirmation			

	Name	Occupation	Religion	Education (Circle)
Father				Elem. Sec.    Coll. Adv.
Mother	<small>(First and Maiden)</small>			Elem. Sec.    Coll. Adv.
Guardian				Elem. Sec.    Coll. Adv.

Siblings \_\_\_\_\_

Relationship of guardian to child \_\_\_\_\_

Home Situation: One parent ( )    Parents Separated or Divorced ( )    Restructured – Stepfather/mother ( )

Father remarried ( )    Mother Remarried ( )    Child resides with \_\_\_\_\_

Parental Rights (in case of separation or divorce) \_\_\_\_\_ (Attach Copy of Court Order)

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

This Form was Completed-Date \_\_\_\_\_

Adult Signature \_\_\_\_\_

A NONREFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS FORM.	
Amt Paid:	_____
Date:	_____
Method of Payment:	_____

Last

First

Middle Initial

# REGISTRATION SURVEY

1) Name of Student:

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

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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?



**St. Columba School**  
**40 E. Third Street**  
**Bloomsburg, PA 17815**  
**570.784.5932**  
**Fax: 570.387.1257**

## PERMISSION FOR RELEASE OF INFORMATION

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I hereby grant permission for the release to St. Columba School of all confidential information such as educational reports, medical records, psychological testing, disciplinary records, and any other recommendations regarding my child.

PRINT name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Thank you for sending transfer records at your earliest convenience for the above named student whose parent/guardian is requesting admission to St. Columba School.

Signature of Requester: \_\_\_\_\_

Position: \_\_\_\_\_