



THE PALOMA SCHOOL

## Enrollment Student Application

**2023-2024**

***The Paloma School***

*53 Chestnut Street*

*Lebanon, PA 17042*

*Phone: 717-454-5955*

*Email: [connect@palomaschool.org](mailto:connect@palomaschool.org)*

*[www.palomaschool.org](http://www.palomaschool.org)*

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## **OUR MISSION**

The Paloma School supports local families by providing quality education in a Christ-centered atmosphere in both Spanish and English. At Paloma, we foster community, lifelong learning and a love for Jesus and His creation. In all our work and studies at Paloma, we recognize that the “fear of God is the beginning of knowledge” and we seek to know God and His world and to live rightly in it by His power.

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### **Admission Application Check List**

All items listed below are required before a student’s application will be reviewed by the Admissions Committee. To be complete, the application must include:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Family Application</b></li><li><input type="checkbox"/> <b>Student Application</b><br/>(One for each student seeking admission)</li><li><input type="checkbox"/> <b>Admissions Interview/ Tour</b></li><li><input type="checkbox"/> <b>Signed Statement of Faith</b></li><li><input type="checkbox"/> <b>Copy of Birth Certificate</b></li><li><input type="checkbox"/> <b>Physical Examination Form</b></li><li><input type="checkbox"/> <b>Private Dentist Report</b></li><li><input type="checkbox"/> <b>Immunization Record</b></li><li><input type="checkbox"/> <b>Registration Fee</b> (\$35 per Family)</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> <b>School Transcript/ Report Card</b></li><li><input type="checkbox"/> <b>Current / Most Recent Transcript (2022-2023)</b></li><li><input type="checkbox"/> <b>Final Transcript from Year Previous to the above (2021-2022)</b></li><li><input type="checkbox"/> <b>Official Homeschool Evaluation &amp; Transcript</b><br/>(If applicable)</li><li><input type="checkbox"/> <b>Attendance Record</b> (For Previous &amp; Current years)<br/>(Note: This may be already included in transcript/report cards)</li><li><input type="checkbox"/> <b>Other:</b> _____<br/>_____</li></ul> |
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### **Enrollment Process**

1. Inquiry is made via phone call, website, etc.
2. Schedule an admissions interview & tour of the school.
3. Director meets with family (this can be done during tour).
4. Submission of completed application (see above list).  
Please mail the application to school address.
5. Complete application is reviewed by the Admissions Committee.
6. Family is notified of enrollment decision. \*\*

**\*\*Important:** The enrollment process for a student accepted by the Admissions Committee is not finalized, nor will the student be enrolled in classes, until all required items have been received. This includes, but is not limited to, the Registration Fee, Immunization Record, Physician and Dental Forms.

#### **Non-Discrimination Statement**

The Paloma School enrolls students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, financial aid policies, and other school administered programs.

## THE PALOMA SCHOOL FAMILY APPLICATION

### FATHER/GUARDIAN

Name: \_\_\_\_\_  Mr.  Dr.  Rev.  Other \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship to student:  Father  Stepfather  Guardian  Other \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single Do you reside with your spouse?  Yes  No

Occupation \_\_\_\_\_ Business Telephone \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Church Name (if your family attends): \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone # \_\_\_\_\_ Denomination \_\_\_\_\_

Frequency of church attendance:  Weekly  Monthly  Occasionally  Other

### MOTHER/GUARDIAN

Name: \_\_\_\_\_  Mrs.  Dr.  Rev.  Other \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship to student:  Mother  Stepmother  Guardian  Other \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single Do you reside with your spouse?  Yes  No

Occupation \_\_\_\_\_ Business Telephone \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Church Name (if your family attends): \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone # \_\_\_\_\_ Denomination \_\_\_\_\_

**APPLICANTS AND OTHER CHILDREN LIVING WITH THE FAMILY**

Names of Children	Date of Birth	Date to be Entered	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WHY DO YOU WANT YOUR CHILDREN TO ATTEND THE PALOMA SCHOOL?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT / GUARDIAN COMMITMENT FORM**

As a parent / guardian of a student at The Paloma School, I commit myself to the following:

1. Complete the 10 approved service hours required for each family (described below).
2. Seek unity in our community of families, especially when offense is taken, by treating others with respect and courtesy.
3. Stay informed of school activities, procedures, etc., by regularly reading The Paloma School communications (email, mailings).
4. Support The Paloma School as we seek to walk out the beliefs presented in our Statement of Faith. (A signed copy is required.)
5. Read and abide by the guidelines set forth in The Paloma School Parent/Student Handbook (handbook is available online).
6. Be involved in our child’s education through attendance at parent-teacher conferences and meetings, and other activities of the school.
7. Understand that parents are responsible for any visual, dental, or medical attention and/or insurance needed by their children while they are in attendance at The Paloma School.
8. **PAY OUR TUITION FAITHFULLY ACCORDING TO THE FOLLOWING OPTIONS** (please check one):
  - Full payment on or before August 1, 2023
  - 10 monthly payments, August through May

I certify that all of the above information is accurate, true and complete. I understand that my misrepresenting any of the above information may disqualify my application or result in the removal of my child(ren) from the school. I agree to update changes in my home situation as they occur.

Parent’s/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# THE PALOMA SCHOOL STUDENT APPLICATION

TO BE COMPLETED BY PARENTS OF APPLICANT

1. Full Legal Name of Child \_\_\_\_\_

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

2. Address \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Who has custody?  Both Parents  Father  Mother  Guardian

Student resides with: \_\_\_\_\_ Who is responsible for tuition? \_\_\_\_\_

Name and address of non-custodial parent (if not previously listed) \_\_\_\_\_

Should non-custodial parent: receive school correspondence?  Yes  \*No

receive progress reports/report cards?  Yes  \*No

\*If "No" is checked, legal documentation must be provided for our files.

4. School District in which child resides \_\_\_\_\_

5. Grade applying for \_\_\_\_\_. Has this child repeated a grade?  No  Yes If Yes, which grade? \_\_\_\_\_

## Academic & Behavioral

6. Has this child ever been suspended or expelled from school?  No  Yes If Yes, explain.

7. Has this child ever been denied admission to a school for any reason?  No  Yes If Yes, explain.

8. Has this child ever been in trouble with the police?  No  Yes Had a court record?  No  Yes If Yes, explain.

9. a. Has this child ever been referred for or received remedial academic support services, tutoring, summer school, remedial class/program, IU reading and/or math support?

No  Yes If Yes, explain.

b. Did this child receive Early Intervention services prior to entering Kindergarten?

No  Yes If Yes, explain. (Please provide copy of Early Intervention IEP).

c. Has this child ever been referred for or received Therapeutic Support Staff (TSS) services?

No  Yes If Yes, explain.

d. Has this student ever had a psycho-educational evaluation (e.g. for potential learning disabilities)?

No  Yes If Yes...

-Was the evaluation done through the local school district, through the Intermediate Unit (IU), or privately? *Please provide a copy of the most current evaluation report.*

-Was this student diagnosed as qualifying for special education services?  No  Yes If Yes, what was the diagnosis (e.g. learning disability, autism, etc.)?

e. Does this student have an IEP (Individualized Education Plan) and/or 504 plan?  No  Yes If Yes...

-Date of current IEP \_\_\_\_\_

-Date of current 504 plan \_\_\_\_\_

-Please include a copy of the most current IEP and/or 504 plan.

-Has this student ever received special education services?  No  Yes If Yes, explain.

10. a. Has the student ever been evaluated by a psychiatrist or been treated in-patient or out-patient (including the emergency room) for mental health related concerns?  No  Yes If Yes, please explain & *provide documentation.*

b. Has this student ever undergone counseling through a licensed psychiatrist or psychologist?  No  Yes If Yes, explain.

11. Has the student ever been the target of significant bullying or been the perpetrator of significant bullying, eg. bullying addressed by school intervention or the intervention of outside entities?  No  Yes If Yes, explain.

12. ATTENDANCE: How many days was this student absent in the previous academic year? \_\_\_\_\_ In the current academic year (if applicable)? \_\_\_\_\_

If this student was absent more than 10 days in the previous academic year or current academic year, please explain.

Please provide **official** documents showing this student's **attendance** for the current academic year (if applicable) and the previous academic year (e.g. report card).

13. List all schools attended:

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Complete Address \_\_\_\_\_

Other Schools Attended:

Name \_\_\_\_\_ Address \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Grade: \_\_\_\_\_

14. What is your child's attitude toward school and teachers?

15. Are there any special circumstances, concerns or medical conditions/diagnoses that we should know about?

16. How did you hear of The Paloma School?

Paloma Parent: \_\_\_\_\_

Website

Paloma Student: \_\_\_\_\_

Newspaper/Merchandiser

Paloma Teacher: \_\_\_\_\_

Church / Pastor: \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts and Social Restriction Information

The student's legal guardian(s) serve as the first point of contact during an emergency. Please list the names of relatives/neighbors/friends in close proximity to the school who we may release this student to, or contact, in the event of an emergency and you cannot be reached.

**No student will be released to anyone other than the parent(s), legal guardian(s), or adult(s) listed on this page.**

### **Emergency Contact 1**

Name and Last name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Primary Phone Type: Home  Cell  Work  Family/Friend Phone

### **Emergency Contact 2**

Name and Last name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Primary Phone Type: Home  Cell  Work  Family/Friend Phone

### **Emergency Contact 3**

Name and Last name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Primary Phone Type: Home  Cell  Work  Family/Friend Phone

## **Social Restriction**

Is there any member of the family or any individual not permitted to have contact with the student? Yes  No

A court order must be presented and kept on file at the school.

First and Last Name: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration date of court order (MM/DD/YYYY): \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration date of court order (MM/DD/YYYY): \_\_\_\_\_



## PARENT INFORMATION

- ◆ For students first entering school and those entering grades K, a physical examination by a physician is required. For students first entering school and those entering grades 3, a dental examination is required.
- ◆ There is a probationary period of 90 school days for all new students.
- ◆ The school has the discretion of not admitting students who have been expelled from another school, have repeated more than one grade, who require significant special education needs, have been asked to leave their school program due to poor behavior, have used illegal substances, have been in trouble with police or have a court record.
- ◆ The school reserves the right to dismiss any family which does not fulfill its obligations or does not pay tuition regularly as set forth in school policy.
- ◆ The Paloma School dress code sets a standard for acceptable dress as stated in the Parent / Student Handbook (handbook is available online).

### THE PALOMA SCHOOL TUITION, TUITION ASSISTANCE, AND FEES

#### **Tuition:**

- Tuition is paid either in full or in 10 monthly payments (August to May). Payment is due by the second of each month. Full payments are due on or before the 1<sup>st</sup> Monday in August and receive a 2% discount.
- **Please note the “early withdrawal fee” in the Fees section of this document.**

#### **Tuition Assistance:**

- Scholarships are available to families who qualify and are distributed based on need and availability of funds. Need is determined by our financial aid team and all information is kept confidential.

#### **Fees:**

- **Registration Fee:** \$35 This is a one-time fee per family and is paid when the application is submitted.
- **Early Withdrawal Fee:** When a student withdraws after registering for the school year an early withdrawal fee is assessed.

**Withdrawal prior to September 1<sup>st</sup>** – Withdrawal fee is one month’s tuition.  
(Registration fee is not refundable.)

**Withdrawal during the school year** – Withdrawal fee is one month’s tuition plus any remaining tuition due.  
(Registration fee is not refundable)

**THE PALOMA SCHOOL  
STATEMENT OF FAITH**

God is three Persons; the Father, the Son, and the Holy Spirit. God is, was, and always will be. God is perfect in character. God is the Creator of all things. God created all things good. Human beings are created in the image of God.

Our relationship with God was broken through sin. Sin is our choice to reject God and act in opposition to His perfect character. In our sinful state we are utterly hopeless and unable to come back to our Creator. In order to restore relationship, God became a man and walked among us in the person of Jesus Christ. He paid our debt of sin through His death on the cross and secured for us eternal life through His resurrection.

Because of His sacrifice and by His grace we are offered the free gift of salvation, are made new and are invited to become a part of His family by believing in Him and walking in obedience to His commandments.

As His children He gives us the gift of the Holy Spirit. The Holy Spirit convicts us of sin, comforts us, and guides us to right understanding and right living. We are able to communicate with God through prayer, and we learn who God is, and what His will is through the Bible and the work of the Holy Spirit in our lives.

Our walk of faith is meant to be shared with a body of believers. As a body we are able to care for, encourage, correct, pray for, and love each member. Our faith should be evident in our lives and be demonstrated by love in action toward God and others.

God gives us great joy and perfect peace as we trust Him and know Him better.

**As a parent/guardian of a student at The Paloma School, I have read and will support The Paloma School as they honor the beliefs laid out here in the Statement of Faith.**

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parental/Guardian Photo Consent Form

**Please sign and return this page to the School Office**

**Please circle either “YES” or “NO” for the following statement:**

- YES  NO I/We GRANT permission for a photo/image that includes our student(s) to be published in  
The Paloma School materials including, but not limited to, website, marketing publications,  
etc.

Student's Name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

Relation to Student(s): \_\_\_\_\_ Date: \_\_\_\_\_