



Mary Queen of Peace School  
4419 Pearl Road, Cleveland, OH 44109  
Phone: (216) 741-3685 Fax: (216) 741-5534

Mrs. Jessica Robertson, Principal  
Father Doug Brown, Pastor

### **Admission Document Verification**

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date Registration Complete: \_\_\_\_\_

Documents Received: *MQP School office will check off items*

\_\_\_ Birth Certificate      \_\_\_ Application      \_\_\_ Custody Statement  
\_\_\_ Last Report Card      \_\_\_ Social Security #      \_\_\_ Immunization Records  
\_\_\_ Baptism Certificate (If Catholic)      \_\_\_ IEP/SP/504/SEGO  
\_\_\_ Registration Fee (\$100)

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Card \_\_\_\_\_

#### Scholarship Applications

- CSTP Application: \_\_\_\_\_ Awarded: \_\_\_\_\_
- Residence Verification: \_\_\_\_\_
- CSTP Submitted Date: \_\_\_\_\_
- Income Verification:
  - Parent Submitting: \_\_\_\_\_
  - MQP Mailed Date: \_\_\_\_\_

*“Empowering our Students”*



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## Mary Queen of Peace School Admission Application

Please Print: (Last) (First) (Middle)

Student Name:			
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Student's Present Academic Progress:	Excellent	Good	Fair	Failing
Student's Present Conduct/Attitude:	Excellent	Good	Fair	Poor
Student's Attendance/Punctuality:	Excellent	Good	Fair	Poor

Is the student enrolled in a special education program? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have an IEP/SP/SEGO/504 Plan? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

Please explain your reason for leaving present school:

\_\_\_\_\_

Please explain your reason for applying to Mary Queen of Peace School:

\_\_\_\_\_

	(Last)	(First)
Parent Name		
Parent Phone	Home:	Cell:

Referred by: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Date Entered:						
School Name:		Student Full Name:		Student ID#:		Gender:
School City:		Student Birthdate:		Birthplace (City, St., Country)		Class of:

Student Residential Address	City	County	Zip	Phone	Student Parish/City	Language Spoken at Home

Name of School Student Entered From	School City	School State	Type of School	Entering Grade
			<input type="checkbox"/> Parochial <input type="checkbox"/> Public <input type="checkbox"/> Home School <input type="checkbox"/> Other _____	

Existing Educational Support	Public School District of Residence	Name of Public School in Student Area	Miles to School
<input type="checkbox"/> IEP <input type="checkbox"/> Accommodation Plan			

Ethnicity								
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Unknown/Other	<input type="checkbox"/> Do Not Wish to Disclose

Sacraments	Date	Church, City, State
Baptism		
First Communion		
Confirmation		

Student Lives With	Last Name	First Name	Email Address	Occupation	Employer	Best Contact Number
<input type="checkbox"/> Natural Mother						
<input type="checkbox"/> Natural Father						
<input type="checkbox"/> Custodial M						
<input type="checkbox"/> Custodial F						
<input type="checkbox"/> Legal Guardian/Other						
<input type="checkbox"/> Parenting Plan/Custody Plan - Copy of plan needs to be provided to the school						

Parents/Custodial Parents	Religion	Parent Status
<input type="checkbox"/> Natural Mother		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Natural Father		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial M		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial F		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Legal Guardian/Other		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased

Other Children in the Household/List Names & Birthdates				
1.	2.	3.	4.	5.