



**DIocese OF HARRISBURG – SECRETARIAT FOR EDUCATION**

4800 Union Deposit Road • Harrisburg • Pennsylvania 17111-3710  
(717) 657-4804 • FAX (717) 657-3790 • www.hbgdiocese.org

**CATHOLIC SCHOOL PARENTS  
MEMORANDUM OF UNDERSTANDING**

As a parent/guardian of a student in a Catholic School I understand and affirm the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), and the diocese.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father: \_\_\_\_\_  
Printed

Mother: \_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

(Guardian): \_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature

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

School: \_\_\_\_\_

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



# ST. PATRICK CATHOLIC SCHOOL

"A place to Live, Learn and Love in the Trinity."

235 South Beaver Street  
York, PA 17401.  
Telephone 717-854-8263

## HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School:

Date:

Student's Name:

Grade:

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?

(Do not include languages learned in school.)

No

Yes

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?

No  Yes

If yes, complete the following:

Name of School

State

Dates Attended

_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian):

Parent/Guardian signature: