



SAINT GEORGE CATHOLIC ELEMENTARY SCHOOL NEW STUDENT REGISTRATION 2018-2019

OFFICE USE ONLY	
Registration Fee _____	
Received By _____	
Payment Type _____	
Date _____	

Application for Grade: PK K 1 2 3 4 5 6 7 8

Date _____

TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

Student Name _____

LAST NAME
FIRST NAME
MIDDLE NAME

Primary Address: _____

NUMBER AND STREET
CITY
STATE
ZIP CODE

Primary Phone: _____ Gender: Male Female

Date of Birth: _____ Place of Birth: _____ Soc. Security # _____

MONTH / DAY / YEAR
CITY
STATE

Religion: _____ Church where you are registered: _____

Student currently attends: _____ Current Grade: _____

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <i>(please check one)</i>	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <i>(please check one)</i>																																																																														
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TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

If parents are separated or divorced, who has legal custody of the student? _____

With whom does the student live? _____ Relationship: _____

Please list address (only if different from primary address listed):

NUMBER AND STREET

CITY

STATE

ZIP CODE

****PLEASE NOTE THAT IN THE CASE OF CUSTODY CONCERNS, PROPER PAPERWORK MUST BE ON FILE IN THE OFFICE****

Who is responsible for all tuition and fees? _____

Has the student received any of the following sacraments in the Catholic Church?

Baptism: Yes No If yes, list Parish/Date: _____ / ____ / ____

Penance: Yes No If yes, list Parish/Date: _____ / ____ / ____

Communion: Yes No If yes, list Parish/Date: _____ / ____ / ____

Confirmation: Yes No If yes, list Parish/Date: _____ / ____ / ____

Are you aware of any learning, physical or emotional difficulties your child is experiencing? Yes No

If yes, please explain: _____

Is your child in a special learning program or on a behavioral plan at his/her current school? Yes No

Has your child ever had counseling? Yes No If yes, please explain: _____

Are there any other details about your child that are important for the school to know, including repeated grades, attendance issues, or recent changes that may affect your child's school experience? Yes No

If yes, please explain: _____

My signature below confirms that I have accurately represented my family and child on this application. In addition, it acknowledges that I will accept and support the school's policies, procedures, mission and Catholic identity should my child attend the school.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

To complete your application to Saint George Catholic Elementary School, please arrange to submit:

- A copy of your child's birth certificate
- A copy of your child's Social Security Card
- Up-to-date medical form with immunizations
- A copy of child's Baptismal Certificate (if applicable)
- Letter of Release from Pastor (if applicable)
- A copy of latest report card
- A copy of any testing/modifications/IEP (if applicable)
- A copy of custody/court papers (if applicable)
- A \$125 registration fee attached to this application

PLEASE DROP OFF OR MAIL THIS APPLICATION TO:

Saint George Catholic Elementary School

ATTN: Admissions

2700 E. Venango Street

Philadelphia, PA 19134

If you need to make any changes to the information provided on this application, please call 215-634-8803 to notify our school office.