

Family Name: _____

New Registration



Diocese of Scranton
Catholic Schools

Re-Registration

2008-2009

Registration Form

Please print all information

Elementary School Presently Attending _____ High School _____

Elementary School Attending in 2008-2009 _____ High School _____

PART A - Student Information

Student Name <i>(Last Name First)</i>	Date of Birth	Gender	Entering Grade <small>(PK3-PK4-K-1-2-3-4-5-6-7-8-9-10-11-12)</small>	Race	Soc. Security #
_____	_____	_____	_____	_____	_____
Additional Student Registration Information:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PART B - Family Information

Family Name _____ Father's Name _____ Mother's Maiden Name _____

Address _____

City _____ State _____ Zip Code _____ Home Telephone Area Code & _____

Father Mother – Address, if other than student's _____

Public School District of Residence _____

Parish* _____ City _____ Pastor _____
*(see Reverse Side for Parish Membership)

Parent/s marital status: ___ single ___ married ___ separated ___ divorced ___ father deceased ___ mother deceased

Child/ren live with: ___ both parents ___ mother ___ father ___ other: relationship _____

PART C - Emergency Contact Information

Mother: Occupation _____ Telephone/cell Area Code & _____

Employer Name/Address _____

Work Telephone Area Code & _____

Father: Occupation _____ Telephone/cell Area Code & _____

Employer Name/Address _____

Work Telephone Area Code & _____

Additional Contact: Name _____ Telephone/cell Area Code & _____

Relationship to child/ren _____

PART D - Authorization

Parent/s name(*print*) _____ Signature _____

Date _____

(over)

Birth Certificate

Birth Certificate(s) Verified for each student ___ Yes ___ No ___#Students Enrolling

Immunization

Immunization Record(s) Provided for each student ___ Yes ___No ___#Students Enrolling

Parish Membership Verification

Parish Membership Verified for each student ___ Yes ___No ___#Students Enrolling

New Registrants must have Pastor’s Signature or Letter from Pastor.

Letter attached ___ Yes ___No ___#Students Enrolling

_____ Parish _____ City _____ Pastor
Pastor’s Signature

Sacramental History

(List Church, where applicable)

Student 1

Student 2

Baptism: _____
First Communion: _____
Confirmation: _____

Student 3

Student 4

Baptism: _____
First Communion: _____
Confirmation: _____

Student 5

Student 6

Baptism: _____
First Communion: _____
Confirmation: _____

Textbooks

To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the loan of textbooks, instructional materials and auxiliary services in accordance with Pennsylvania ACTS 195/90 for my child/ren attending _____ School.

_____ Date _____ Parent/s Signature

Transportation

___ Bus/Van ___ Car ___ Walker

_____ authorized for child/ren pickup.
Person’s Name *(print)*

Family Fee

Re-Registration fee per family is \$100.00 *(non-refundable)*.

Please return this form with a \$100.00 *non-refundable* family fee. *(Submit with the oldest child.)*
Check # _____ *Check should be made payable to the “Diocese of Scranton”*

Enrollment is conditional on having satisfied all financial obligations from prior year’s tuition.