# 2020-21 Registration Form

<table>
<thead>
<tr>
<th>Oldest Student Name (Last Name First)</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race*</th>
<th>Ethnicity</th>
<th>Entering Grade</th>
</tr>
</thead>
<tbody>
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School Attended in 2019-20 ____________________________ School Attending in 2020-21 ____________________________

Additional Children Registering:

2. ________________________________________________

School Attended in 2019-20 ____________________________

3. ________________________________________________

School Attended in 2019-20 ____________________________

4. ________________________________________________

School Attended in 2019-20 ____________________________

*Race (as defined by the US Census Bureau): American Indian/Native Alaskan, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, Two or More, Unknown

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**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 Diocese of Scranton Catholic Schools.

**Office Use Only**

Information has been verified by

<table>
<thead>
<tr>
<th>Position</th>
<th>Signature</th>
<th>Date</th>
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Enrollment is conditional on having an account in good standing.
Public School District of Residence ________________________________________________________

Parish Membership
For ALL registrations: _______ Roman Catholic _______ Other Catholic _______ Non-Catholic (if no parish affiliation applies)

Parish __________________________________________________________ City ________________________________

Family Information
Father’s Full Name ___________________________ Cell Phone # ___________________ E-mail __________________________

Mother’s Full Name ___________________________ Cell Phone # ___________________ E-mail __________________________

Street Address __________________________________________________________ PO Box (if applicable) _______________

City ___________________________ State ____________ Zip Code __________ Home Phone # __________________________

Father/Mother Address, if other than students __________________________________________________________

Parent/s Marital Status ____ single ______ married ______ separated ______ divorced ______ father deceased ______ mother deceased

Child/ren live with ______ both parents ______ mother ______ father ______ other: ____________________________

Is there a custody agreement in effect? _____ Yes _____ No  If “Yes”, a copy of the order MUST be given to the school at the time of registration and will be placed in the student’s file. Any changes to the formal agreement must be shared with the school at the time of the change.

Emergency Contact Information
Father Occupation ___________________________ Employer Name __________________________

Work City/State ___________________________ Work Phone __________________________

Mother Occupation ___________________________ Employer Name __________________________

Work City/State ___________________________ Work Phone __________________________

Required Information: Birth Certificate/s Verified ______ Baptismal Certificate/s ______ Immunization/s ______

Parent’s Signature __________________________________________________________________________________________

Please note that financial/tuition information will only be discussed with responsible party.