



Saint Francis Academy 668 Pine Street Bally, PA 19503 • www.sfabally.org

2020-2021 Registration/Re-registration Application

St. Francis Academy
Live, Love, Learn

A non-refundable registration fee of \$50 per child or \$75 per family is due with this form

STUDENT INFORMATION

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Name _____ Sex: M F
Last First Middle

Home Address _____
Street & Number City Zip Code

Primary Telephone (____) _____ Religion _____ Date of Birth _____ Entering Grade in 2020 _____

***If Pre K**, circle full or half day and the days of the week M T W Th F

Place of Birth _____ Transportation: _____ Car _____ School Bus (not applicable for Preschool)
City State/Country

The following information relating to the above child can be used to assist in completing the required Pennsylvania Department of Education – NCEA report
Please check the one that applies to the child:

Ethnic Background

___ Hispanic
___ White
___ Black
___ Asian
___ Native American
___ Multi-Cultural

Living with

___ Both
___ Father
___ Mother
___ Legal Guardian
___ Parent
___ Shared Custody
___ Other (Specify): _____

Language Spoken at Home

___ English
___ Other (Specify): _____

Student's First Language(s)

___ English
___ Other (Specify): _____

Parental Information

Father: ___ Single
___ Married
___ Divorced
___ Remarried
___ Deceased

Mother: ___ Single
___ Married
___ Divorced
___ Remarried
___ Deceased

Citizenship ___ U.S. Citizen

___ Non-U.S. Citizen (Specify): _____

Father's Name _____
Last First Middle

Address _____
Street & Number City Zip Code

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Employer _____

Place of Birth _____ U.S. Citizen ____ Yes ____ No Religion _____

Mother's Name _____
Last First Middle

Address _____
Street & Number City Zip Code

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Employer _____

Place of Birth _____ U.S. Citizen ____ Yes ____ No Religion _____

E-mail addresses for Parent Alert System: _____
Father's Mother's

[If child not living with parent(s)]: Legal Guardian's Name

Last

First

Middle

Address _____

Street & Number

City

Zip Code

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Relationship to Child _____

MISCELLANEOUS INFORMATION

OTHER SIBLINGS: Name

Age/Grade

School

RECORD OF SACRAMENTS:

BAPTISM

FIRST RECONCILIATION

FIRST EUCHARIST

CONFIRMATION

Date _____

Church _____

City _____

Name of parish, church, or temple family currently attends

City

Registered? (Yes/No)

PREVIOUS SCHOOLING List all school(s) previously attended, including Preschool through current year.

Grades(s)

Name of School

Public School District where student currently lives _____

HAS CHILD RECEIVED SPECIALIZED EDUCATIONAL TESTING? _____ Yes _____ No. If yes, explain:

DOES CHILD CURRENTLY HAVE AN IEP? _____ Yes _____ No

HAS CHILD BEEN A RECIPIENT OF SPECIALIZED SERVICES? _____ Yes _____ No

HOW DID YOU LEARN ABOUT SFA? _____ Our Website _____ Parish Bulletin _____ Pre-School _____ Other

DID ANOTHER FAMILY DIRECT YOU TO SFA? IF YES, WHO? _____

I/we agree to pay in full the tuition charged by St. Francis Academy for the academic year, including either the fund raising activities that are designated to support the tuition charged by Saint Francis Academy or the alternative participation programs for tuition support that are designated by Saint Francis Academy. By registering my child(ren), I/we agree to abide by all of the rules and regulations as contained in the most current addition of the SFA Parent/Student Handbook.

Parent Signature _____