

**SAINT ANTHONY OF PADUA  
REGIONAL CATHOLIC SCHOOL**  
913 Pierce Street  
Philadelphia, PA 19148  
(215)468-0353

Grade \_\_\_\_\_  
(For the 2020-2021 School Year)

Choose one:  
\_\_\_\_ New Student  
\_\_\_\_ Returning Student

**REGISTRATION  
2020-2021**

PUPIL'S FULL NAME \_\_\_\_\_  
(Last) (First) (Middle)

SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

MOTHER'S CELL \_\_\_\_\_ FATHER CELL \_\_\_\_\_

STUDEN'S PLACE OF BIRTH \_\_\_\_\_  
(City, State and Country)

**PARENT INFORMATION**

NAME OF FATHER/GUARDIAN \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM STUDENT) \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

LIVING \_\_\_\_\_ (Y/N) RELIGION \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(City, State, and Country)

FATHER'S OCCUPATION \_\_\_\_\_  
(Place of Work) (Occupation) (Business Phone)

NAME OF MOTHER/GUARDIAN \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM STUDENT) \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_

LIVING \_\_\_\_\_ (Y/N) RELIGION \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(City, State, and Country)

MOTHER'S'S OCCUPATION \_\_\_\_\_  
(Place of Work) (Occupation) (Business Phone)

**IN CASE OF EMERGENCY – CONTACT** \_\_\_\_\_  
(Name) (Phone) (Relationship to Child)

**Note:** This person should be a relative or neighbor who could be reached during an emergency should parent not be at home during school time.

IS THIS THE OLDEST CHILD IN THE SCHOOL? \_\_\_\_\_ (Yes or No)

PLEASE LIST NAMES AND GRADES OF OTHER SIBLINGS IN THIS SCHOOL:

Name \_\_\_\_\_ GRADE \_\_\_\_\_  
Name \_\_\_\_\_ GRADE \_\_\_\_\_  
Name \_\_\_\_\_ GRADE \_\_\_\_\_

**FAMILY/HOME ORIENTATION**

\_\_\_\_ Two biological parents      \_\_\_\_ One parent      \_\_\_\_ Parents separated or divorced

\_\_\_\_ Other: Specify \_\_\_\_\_

\_\_\_\_ Legal Guardian's Name (If applicable) Legal Custody

\*Guardian's Name \_\_\_\_\_

\*ATTACH OFFICIAL LEGAL CUSTODY DOCUMENT TO THIS FORM.

**CHECK THE FOLLOWING:**

\_\_\_\_ CATHOLIC

\_\_\_\_ PARISHIONER (St. Nicholas)

\_\_\_\_ PARISHIONER (Annunciation)

\_\_\_\_ NON-PARISHIONER - GIVE NAME OF PARISH: \_\_\_\_\_

\_\_\_\_ NON-CATHOLIC      (Parish)      (City)      (State)

**ETHNICITY:**

\_\_\_\_ HISPANIC

\_\_\_\_ NON-HISPANIC

**RACE:**

\_\_\_\_ AMERICAN INDIAN/NATIVE ALASKAN

\_\_\_\_ ASIAN

\_\_\_\_ BLACK

\_\_\_\_ NATIVE HAWIIAN/PACIFIC ISLANDER

\_\_\_\_ WHITE

\_\_\_\_ TWO OR MORE RACES

DATE AND CHURCH OF **BAPTISM** \_\_\_\_\_

(Attach Baptismal Certificate)

**\*\*ATTENTION! THE BAPTISMAL CERTIFICATE MUST ACCOMPANY THIS PAPER FOR ANY CHILD WHO WAS NOT BAPTIZED IN ST. NICHOLAS OF TOLENTINE CHURCH OR ANNUNCIATION CHURCH.**

DATE AND CHURCH OF **FIRST PENANCE** \_\_\_\_\_

DATE AND CHURCH OF FIRST **HOLY COMMUNION** \_\_\_\_\_

DATE AND CHURCH OF **CONFIRMATION** \_\_\_\_\_