



Registration Date: \_\_\_\_\_

**St. Francis de Sales School**  
**917 S. 47<sup>th</sup> Street + Philadelphia, PA 19143**  
**215-387-1749**

**PRE-K REGISTRATION FOR 2020-2021**

**Please Print Legibly and Answer All Questions. Check N/A if not applicable**

**Student Information:**

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Grade for September (K thru 8) \_\_\_\_\_

Current School Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Check only one box for each of the items below:

- 1. Ethnicity:  Hispanic  Non-Hispanic
- 2. Race:  Native American/Alaskan  Asian  Black  White  
 Native Hawaiian/Pacific Islander  Two or More Races
- 3. Religion:  Roman Catholic  Eastern Rite/Orthodox  Other \_\_\_\_\_  
If Catholic, Home Parish: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence: \_\_\_\_\_ School District: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Sibling(s) attending DeSales:** \_\_\_\_\_ Grade: \_\_\_\_\_  
If none (N/A) \_\_\_\_\_ Grade: \_\_\_\_\_

**Sacramental Information if Catholic. If not Catholic please indicate N/A:**

Baptism: \_\_\_\_\_  
Date Church City State

**SPECIAL EDUCATIONAL/MEDICAL CIRCUMSTANCES**

Has your child ever been tested for special education services? e.g. Early Intervention for Speech, Hearing or any other delays in development. \_\_\_\_\_

Has your child ever received special education services for the items listed above? \_\_\_\_\_

Has your child been diagnosed with Autism? \_\_\_\_\_

Does your child have an (Individual Education Plan) IEP? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AFTER SCHOOL CARE**

If your child attends an after school day care, please provide the following information:

After School Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**OTHER**

How did you hear about St. Francis de Sales School? (Check all that apply)

School Website  Flyers/Posters in Neighborhood  Other Parents  Student

Why did you decide to send your child(ren) to St. Francis de Sales School?

\_\_\_\_\_  
\_\_\_\_\_

Have you seen or heard any positive stories about St. Francis de School? (Check all that apply)

Television  Radio  School Website  Newspaper  Other \_\_\_\_\_

Are you a graduate of St. Francis de Sales School? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

**FAMILY BACKGROUND OF CHILD**

**Mother:** \_\_\_\_\_  
(First) (Maiden) (Last)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If different from child's) (If different from child's)

Mother Cell # \_\_\_\_\_ Religion: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone # \_\_\_\_\_

**Father:** \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If different from child's) (If different from child's)

Father Cell # \_\_\_\_\_ Religion: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*For Adopted Children or Wards of the State ONLY:**

**\*Guardian:** \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian Cell # \_\_\_\_\_ Religion: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Guardian's Place of Employment: \_\_\_\_\_ Phone # \_\_\_\_\_

**Home situation: Please select one box ONLY:**

Student lives with:  Two biological parents  One Parent (Please indicate Mother or Father) \_\_\_\_\_

Mother/Stepfather  Father/Stepmother  Two Grandparents  Grandfather  Grandmother

Guardian

**Please select one box ONLY:**

If living with Parents:  Married  Separated  Divorced  Other

**Parental rights: (in case of separation or divorce)**

Legal Custody: \_\_\_\_\_ Joint Custody \_\_\_\_\_ Sole Custody

Physical Custody: \_\_\_\_\_ Joint Custody \_\_\_\_\_ Sole Custody

**(Attach a copy of Court Order/Agreement)** ( \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian)

**EMERGENCY CONTACT INFORMATION**

This information is needed when parents/guardians cannot be reached or child is not picked up from school.  
**Please do not list parent/guardian as additional emergency contact.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_

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**OFFICE USE ONLY**

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Documents Provided:  Birth Certificate  Immunizations  Baptismal Certificate (if Catholic)

Proof of Address  Registration Fee, Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Letter Sent: Date: \_\_\_\_\_  Accepted  Waiting List  Not Accepted

**ADMISSIONS and TUITION AGREEMENT**

It is my wish that my child, \_\_\_\_\_, to attend  
(Student Name)

**St. Francis de Sales School.** I understand that my child is obligated to attend classes in **Religion** and to fulfill the requirements for this subject. My child is also obligated to attend all religious functions offered as part of the school program.

I further understand that I assume the obligation to pay the specified tuition and school fees, which were conveyed to me when I registered. I know that payments begin in July and end in April. I am also aware that I must set up my FACTS ACCOUNT in order for me to pay my child's tuition. I have read the tuition agreement to support the philosophy, objectives and regulations of the school. Major regulations have been spelled out for me in the Parent and Student Handbooks.

\_\_\_\_\_  
Parent and/or Guardian Responsible for Payment

\_\_\_\_\_  
Date



**USE OF TEXTBOOK FORM**

All parents and/or guardians of children are required to sign the following form **ONCE** while their children are enrolled in our school.

*I hereby request of the Secretary of Education of Pennsylvania the loan of instructional materials and textbooks in accordance with Act 90 (1975), Act 195 (1975), and Act 88 (1975), for my child(ren) attending:*

***St. Francis de Sales School  
917 S. 47<sup>th</sup> Street, Philadelphia, PA 19143  
215-387-1749 • Fax: 215-387-6605***

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONSIBLE USE OF TECHNOLOGY**

**STUDENT INTERNET ACCESS CONTRACT**

I understand that when I am using the Internet or any other computer/telecommunications device, I must adhere to all rules of courtesy, etiquette and laws regarding the copying of information as prescribed by either Federal, State or local laws, the Archdiocese of Philadelphia and St. Francis de Sales School.

My signature below and that of my parent(s) or guardian(s) mean that I agree to follow the guidelines of this Responsible Use Policy for Internet access at all Catholic Schools.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN:** We ask that you review this policy with your child and sign this Student Access Contract.

I hereby release St. Francis de Sales School and the Archdiocese of Philadelphia, its personnel and any other institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Internet Access, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials that are in addition to the restrictions set forth by this Responsible Use Policy. I will emphasize to my child the importance of following rules for personal safety.

As the parent or guardian of this student, I have read the Responsible Use Policy for St. Francis de Sales School. I hereby give my permission for my child to use the Internet and will not hold St. Francis de Sales School or the Archdiocese of Philadelphia liable as a result of my daughter's/son's use of the Internet on school premises. I understand that my child has agreed not to access inappropriate material on the Internet.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT INTERVIEW RELEASE FORM**

I, \_\_\_\_\_, hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to permit my child to participate in a supervised interview with the news media. This authorization and release covers the use of said interviews in any form and by any media of advertising publicity.

I also understand that the school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such interviews.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

**VIDEO/PHOTO RELEASE FORM**

I, \_\_\_\_\_, hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising publicity.

I also understand that the school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such interviews.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

PRE - K  
Grade (2020-2021)