

**SAINT PIO CATHOLIC
REGIONAL SCHOOL**
1826 Pollock Street
Philadelphia, PA 19145
(215)467-5430

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. Richard)

___ NON-PARISHIONER - GIVE NAME OF PARISH: _____
(Parish) (City) (State)

___ NON-CATHOLIC

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 SAINT RICHARD OR HOLY SPIRIT CHURCH.**

DATE AND CHURCH OF **FIRST PENANCE** _____

DATE AND CHURCH OF FIRST **HOLY COMMUNION** _____

DATE AND CHURCH OF **CONFIRMATION** _____