



SAINT GEORGE CATHOLIC
 ELEMENTARY SCHOOL
RE-REGISTRATION
 2019-2020

OFFICE USE ONLY

Registration Fee _____

Received By _____

Payment Type _____

Date _____

Application for Grade:
 PK
 K
 1
 2
 3
 4
 5
 6
 7
 8
 Date _____

TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

Student Name _____

| | | |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

Primary Address: _____

| | | | |
|-------------------|------|-------|----------|
| NUMBER AND STREET | CITY | STATE | ZIP CODE |
|-------------------|------|-------|----------|

Primary Phone: _____ Gender: Male Female

Date of Birth: _____ Place of Birth: _____ Soc. Security # _____

 MONTH / DAY / YEAR CITY STATE

Religion: _____ Church where you are registered: _____

Student currently attends: _____ Current Grade: _____

| | | | | | | | |
|---|--|--------|--------|---|------|-------|--------|
| <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <i>(please check one)</i> | <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <i>(please check one)</i> | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">LAST</td> <td style="width: 33%;">FIRST</td> <td style="width: 34%;">MIDDLE</td> </tr> </table> | LAST | FIRST | MIDDLE | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">LAST</td> <td style="width: 33%;">FIRST</td> <td style="width: 34%;">MIDDLE</td> </tr> </table> | LAST | FIRST | MIDDLE |
| LAST | FIRST | MIDDLE | | | | | |
| LAST | FIRST | MIDDLE | | | | | |
| Address: _____ <small>(IF DIFFERENT FROM ABOVE)</small> | Address: _____ <small>(IF DIFFERENT FROM ABOVE)</small> | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">CITY</td> <td style="width: 33%;">STATE</td> <td style="width: 34%;">ZIP</td> </tr> </table> | CITY | STATE | ZIP | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">CITY</td> <td style="width: 33%;">STATE</td> <td style="width: 34%;">ZIP</td> </tr> </table> | CITY | STATE | ZIP |
| CITY | STATE | ZIP | | | | | |
| CITY | STATE | ZIP | | | | | |
| Phone: _____ Cell: _____ | Phone: _____ Cell: _____ | | | | | | |
| EMAIL: _____ | EMAIL: _____ | | | | | | |
| Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased | Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased | | | | | | |
| Place of Birth: _____ | Place of Birth: _____ | | | | | | |
| Religion: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | Religion: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Occupation: _____ | Occupation: _____ | | | | | | |
| Employer: _____ | Employer: _____ | | | | | | |
| Work Phone: _____ | Work Phone: _____ | | | | | | |
| Email: _____ | Email: _____ | | | | | | |

2700 E. VENANGO STREET, PHILADELPHIA, PA 19134 215-634-8803

**Find us on Facebook: "Saint George Catholic
 Elementary School" and visit our website at**

<http://www.stgeorgecatholic.org>

TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

If parents are separated or divorced, who has legal custody of the student? _____

With whom does the student live? _____ Relationship: _____

Please list address (only if different from primary address listed):

Baptism: Yes No If yes, list Parish/Date: _____ / ____ / ____

Penance: Yes No If yes, list Parish/Date: _____ / ____ / ____

Communion: Yes No If yes, list Parish/Date: _____ / ____ / ____

Confirmation: Yes No If yes, list Parish/Date: _____ / ____ / ____

Are you aware of any learning, physical or emotional difficulties your child is experiencing? Yes No
NUMBER AND STREET CITY STATE ZIP CODE

****PLEASE NOTE THAT IN THE CASE OF CUSTODY CONCERNS, PROPER PAPERWORK MUST BE ON FILE IN THE OFFICE****

Who is responsible for all tuition and fees? _____

Has the student received any of the following sacraments in the Catholic Church?

If yes, please explain: _____

Is your child in a special learning program or on a behavioral plan at his/her current school? Yes No

Has your child ever had counseling? Yes No If yes, please explain: _____

Are there any other details about your child that are important for the school to know, including repeated grades, attendance issues, or recent changes that may affect your child's school experience? Yes No

If yes, please explain: _____

My signature below confirms that I have accurately represented my family and child on this application. In addition, it acknowledges that I will accept and support the school's policies, procedures, mission and Catholic identity should my child attend the school.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

To complete your application to Saint George Catholic Elementary School, please arrange to submit:

- A copy of your child's birth certificate
- A copy of your child's Social Security Card
- Up-to-date medical form with immunizations
- A copy of child's Baptismal Certificate (if applicable)
- Letter of Release from Pastor (if applicable)
- A copy of latest report card
- A copy of any testing/modifications/IEP (if applicable)
- A copy of custody/court papers (if applicable)
- A \$125 registration fee attached to this application

Thank You
for Choosing
Saint George
School

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