

Date of Application \_\_\_\_\_  
Present Grade \_\_\_\_\_  
Applying for Grade \_\_\_\_\_

Application for Admission to  
**Resurrection Regional Catholic School**  
2020 Shelmore Ave.  
Philadelphia, PA 19152  
**GRADES Pre-K – 8**

**REGISTRATION FEE IS  
NON-REFUNDABLE**

PLEASE INITIAL \_\_\_\_\_

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**STUDENT INFORMATION**

Name of Previous School (if applicable) \_\_\_\_\_

Name of Child \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Country of Residence \_\_\_\_\_ Student Nationality/ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State of birth \_\_\_\_\_

With whom does the student reside \_\_\_\_\_  
Name (Please indicate relationship to child.)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Name Relationship to Child

Other siblings at Resurrection Regional Catholic School Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

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**PARISH INFORMATION**

Registered member of: (Please circle.) Resurrection of Our Lord Parish Our Lady of Ransom Parish NonCatholic

Other (Please list.) \_\_\_\_\_

**Baptism** Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

**Penance** Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

**Holy Eucharist** Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

**Confirmation** Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

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**FORMS TO BE INCLUDED WITH APPLICATION**

\_\_\_\_\_ Original state-issued Birth Certificate

\_\_\_\_\_ Baptismal Certificate

\_\_\_\_\_ Immunization Records

**Please complete reverse side.**

**PARENT/GUARDIAN INFORMATION**

	Father	Mother	Guardian (If applicable)
Name			
Address			
City/State/Zip			
Religion			
Country of Birth			
Home Phone			
Cell Phone			
Email			
Employer			
Work Phone			

Child lives with  Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

Marital Status  Married  Separated  Divorced  Widowed

Address mail to \_\_\_\_\_

If parents are separated or divorced, who will assume responsibility for:

Tuition \_\_\_\_\_ Academic/ Behavioral Issues \_\_\_\_\_

\_\_\_\_\_ Joint Legal Custody \_\_\_\_\_ Sole Legal Custody (Please circle and indicate name and relationship if OTHER.)  
Mother Father Other \_\_\_\_\_  
Name/ Relationship

**If divorced or separated, please attach copy of court order.**

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**MEDICAL CONDITIONS AND/OR ALLEGIES**

\_\_\_\_\_ My child does not have any medical condition or allergies of which the school should be aware.

\_\_\_\_\_ My child has the medical condition and/or allergies listed below of which the school should be aware.

Medical Condition(s) \_\_\_\_\_

Allergies \_\_\_\_\_

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**Person Completing Application**

\_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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