

2018-2019

Application for Admission to
Resurrection Regional Catholic School
2020 Shelmire Ave.
Philadelphia, PA 19152
Pre-KINDERGARTEN through GRADE 8

REGISTRATION FEE IS
NON-REFUNDABLE

PLEASE INITIAL

Date of Application
Present Grade
Applying for Grade
Birth Certificate
Immunization
Baptismal Certificate

Name of Previous School (if applicable)

CHILD'S INFORMATION

LAST NAME FIRST NAME MI (Please circle.) Male Female

BIRTHDATE COUNTRY OF BIRTH FAMILY NAME

HOME ADDRESS CITY ZIP

HOME PHONE CELL PHONE ETHNICITY: Hispanic Non-Hispanic

RACE: Asian Black White American Indian/Native Alaskan Native Hawaiian/Pacific Islander 2 or More Races

Emergency Contact Name Relationship to Child Phone

Medical Condition(s) or Allergies

Other siblings at Resurrection Regional Catholic School Name Grade

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

PARENT/GUARDIAN INFORMATION (Primary contact for communication ___ Mother ___ Father ___ Both ___ Guardian

Table with 4 columns: NAME, ADDRESS, RELIGION, COUNTRY OF BIRTH, CELL PHONE, EMAIL, OCCUPATION, WORK NUMBER. Sub-columns: MOTHER, FATHER, GUARDIAN.

HOME SITUATION (Check all that apply)

Two Biological Parents Mother/Stepfather (Stepfather's Name)
Father/Stepmother (Stepmother's Name) One Parent (Mother) One Parent (Father)
Parents Separated or Divorced Other

PARENTAL RIGHTS (In case of separation or divorce, Parent must send in a copy of the custody agreement or court order outlining Legal and Physical custody arrangements.)

LEGAL CUSTODY: Joint Custody Sole Custody Mother Father
PHYSICAL CUSTODY: Joint Custody Sole Custody Mother Father