



300 Leonard Street • Hellertown, PA 18055 • 610-838-8161 • altnst@ptd.net

## GRADES K - 8 REGISTRATION FORM

Family E-mail Address: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Grade: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_ Public School District: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Sex:  M  F Date of Birth: MM/DD/YY \_\_\_\_\_ Child's Religion: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Check if deceased:

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Check if deceased:

Step-Parent or Legal Guardian: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Are the child's parents separated or divorced?  YES  NO

If the parents are divorced, who has court ordered custody of the child?

Please check appropriate box  Joint  Sole

Are there any restrictions on your custody order?  YES  NO

If Yes, please attach a copy of the court order to this registration paperwork.

Transportation	
Bus	_____
Car	_____
Walk	_____

Office Use Only:  Registration Fee \$50.00 Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Registered \_\_\_\_\_

Birth Certificate  Baptismal Certificate  Text Book  Transportation  Extended Care Form

Physical/Immunization Form  Dental Form  court order (if applicable)

Tuition Choice:  In Full  10 monthly payments

**(PLEASE CONTINUE ON THE BACK)**

Are you registered in St. Theresa Parish?  YES  NO

If no, what parish do you belong to: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Baptism: Church: \_\_\_\_\_ Address: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_

Child's First Communion: Church: \_\_\_\_\_ Address: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_

Child's Confirmation: Church: \_\_\_\_\_ Address: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_

\*For Kindergarteners: Did your child attend preschool  YES  NO

If yes, what preschool did he/she attend; \_\_\_\_\_

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

Is your child transferring to St. Theresa School from another School?  YES  NO

If yes, last school child attended \_\_\_\_\_

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

Reason you decided to leave that school: \_\_\_\_\_

Reason you are entering St. Theresa School: \_\_\_\_\_

Notes: \_\_\_\_\_

Explain any academic concerns you may have about your child: \_\_\_\_\_

Does your child have an IEP on file? (possible/diagnosed learning disability, academic/social modifications, etc.) \_\_\_\_\_

Please supply any additional information we should know about your child: \_\_\_\_\_

Extended Care needed on a regular basis?  Morning  Afternoon

*\*Please note: All required forms must be completed and all fees must be paid to date in order to begin the school year\**

*\*\*Mandatory Fundraising information/requirements will be distributed at a later date\*\**

*\*\*\*All registrations are probationary becoming final after 90 days, and after student records are verified.*

**My signature below indicates that I have filled out the above information honestly and to the best of my ability.**

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