



Saint Francis of Assisi School
 601-A Buttonwood Street
 Norristown, PA 19401
 Phone: 610-272-0501 Fax: 610-272-8011

Office Use Only:
 Registration Fee (\$150.00)
After 7/1/24 (\$200.00)
 Check #: _____
 Cash _____
 Date: _____
 Were you referred by an SFA family? Yes No

Registration Form 2024 - 2025

Today's Date: _____

Please select the appropriate box.

SFA Parishioner Non-Parishioner
 Parish: _____

Non-Catholic Please provide parish verification.

Family Name _____ Home Telephone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Father's Name _____ Mobile Telephone Number _____

Father's Occupation/ Place of Employment _____ Father's Religion _____ Father's Country of Birth _____
 Work Phone Number: _____

Mother's Name _____ Maiden Name _____ Mobile Telephone Number _____

Mother's Occupation/ Place of Employment _____ Mother's Religion _____ Mother's Country of Birth _____
 Work Phone Number: _____

Email Address: _____

Emergency Contacts: (At least two are required.)

Name: _____ Phone Number: _____
 Relationship to Family: _____

Name: _____ Phone Number: _____
 Relationship to Family: _____

Name: _____ Phone Number: _____
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Please select the appropriate box for the following questions:

Marital Status: Single Married Divorced Separated

Child lives with: Both parents Father only Mother only
 Parent & Stepparent Guardian Other

Custody: Shared Father only Mother only Other

Please note a copy of the custody agreement must be provided for the school's records.

Please list the child/children you are registering to attend Saint Francis of Assisi School in September 2024:

Child's Full Name <small>First Name, Middle Name, & Last Name</small>	Grade	Date of Birth	Place of Birth	Ethnicity

Please select how your child will get to school:

Bus Car Walker

If you selected bus, what is your school district of residence?

School last attended: _____

Will you need before or after school care?

Before Care Yes No

After Care Yes No

You must complete the CARES Registration Form, Department of Human Services (DHS) Emergency Contact Form, Department of Human Services (DHS) Agreement Form, and paid the CARES Registration Fee to the program before service is provided. Please refer to the CARES packet for more detailed information. Thank you for your cooperation!

Please complete the following Health & Emergency Care Information documents from the Norristown Area School District.

- Copy of child's Birth Certificate
- Health & Emergency Card (September Distribution)
- Immunization Record
- Norristown Area School District Health Forms (Health History & TB Form)
 - o **These forms should be completed at the Registration Process.**
- Norristown Area School District Health Forms – Physical Form & Dental Form
 - o **These forms must be completed by your child's pediatrician and dentist.**
- Norristown Area School District Medication Policy/Dental Hygiene Services
 - o **Please keep these documents for your reference during the year.**



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SACRAMENTAL INFORMATION

Which of the following sacraments has your child received?

Child's Name: _____

Sacrament	Y/N	Date	Church
Baptism			
First Reconciliation			
Holy Eucharist			
Confirmation			

Child's Name: _____

Sacrament	Y/N	Date	Church
Baptism			
First Reconciliation			
Holy Eucharist			
Confirmation			

Child's Name: _____

Sacrament	Y/N	Date	Church
Baptism			
First Reconciliation			
Holy Eucharist			
Confirmation			

Child's Name: _____

Sacrament	Y/N	Date	Church
Baptism			
First Reconciliation			
Holy Eucharist			
Confirmation			

Please submit a copy of your child's Baptismal Certificate for our records. Thank you!

How did you hear about Saint Francis of Assisi School? Please check all that apply.

<input type="checkbox"/> Billboard	<input type="checkbox"/> Sign
<input type="checkbox"/> School Brochure	<input type="checkbox"/> Website
<input type="checkbox"/> Saint Francis of Assisi Parish Bulletin	<input type="checkbox"/> Other
<input type="checkbox"/> Mailing	_____
<input type="checkbox"/> Newspaper	



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NEW STUDENT INFORMATION

Child's Name: _____

Grade: _____

1. Has your child received any auxiliary service in school? Yes No
If yes, please select the service/services.

- Guidance Math Reading Speech Other

2. Has your child had any educational evaluations? Yes No
If yes, please include copy of evaluation.

3. Has your child ever been suspended or expelled from school? Yes No
Comments: _____

4. Has your child had any significant self-control problems in the last year in school?
 Yes No

Comments: _____

5. Has your child had a problem in the last two years with regular attendance at school?
 Yes No

Comments: _____

Parent/Guardian Signature

Date



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NOTIFICATION OF STUDENT TRANSFER

Date: _____

Name of School Formerly Attended

Address

City State Zip Code

Please note that the following student(s) has (have) enrolled at St. Francis of Assisi School:

Full Name of Student/s	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

Please transfer his/her student records to:

Saint Francis of Assisi School
601-A Buttonwood St.
Norristown, PA 19401

Signature of Parent/Guardian

Date

Academic & Health Records can be mailed or scanned & emailed to Saint Francis of Assisi School. Please do not fax records. Records can be scanned & emailed to the following:

Bridget M. Tigue – Principal
btigue@sfacatholic.org

Emily Severino – Administrative Assistant
eseverino@sfacatholic.org