



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

Registration Form 2025 - 2026

Today's Date: _____

Office Use Only:
Registration Fee (\$150.00)
After 7/1/25 (\$200.00)
Check #: _____
Cash _____
Date: _____
Were you referred by an SFA family? ☐ Yes ☐ No

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
Work Phone Number:

Father's Country of Birth

Mother's Name

Maiden Name

Mobile Telephone Number

Mother's Occupation/
Place of Employment

Mother's Religion
Work Phone Number:

Mother's Country of Birth

Email Address: _____

Emergency Contacts: (At least two are required.)

Name: _____

Phone Number: _____

Relationship to Family: _____

Name: _____

Phone Number: _____

Relationship to Family: _____

Name: _____

Phone Number: _____

Relationship to Family: _____

<https://www.sfacatholic.org>



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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 2025:

| Child's Full Name First Name, Middle Name, & Last Name | 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 | | | |

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| Sacrament | Y/N | Date | Church |
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| Baptism | | | |
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| Confirmation | | | |

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| 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. Tighe

Principal

btigue@sfacatholic.org

Ayerin Olea-Pineda

Administrative Assistant

aoleapineda@sfacatholic.org