



St. Francis de Sales School
917 S. 47th Street + Philadelphia, PA 19143
215-387-1749

Registration Date:

Testing Date:

Room #

K- 8 - REGISTRATION FOR 2024-2025

Please Print Legibly and Answer All Questions. Check N/A if not applicable

Student Information:

Child's Name: _____
(First) (Middle) (Last)

Grade for September (K thru 8) _____

Current School Attended: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Country of Birth: _____ State of Birth: _____ County of Birth: _____

Home Address: _____ Apt. _____

City _____ State _____ Zip Code _____

County of Residence: _____ School District: _____

Name of the Public Elementary School or Middle School your child is assigned to:

Check only one box for each of the items below: **(REQUIREMENT – MUST ANSWER ALL QUESTIONS)**

1. Ethnicity: ☐ Hispanic ☐ Non-Hispanic

2. Race: ☐ Native American/Alaskan ☐ Asian ☐ Black ☐ White
☐ Native Hawaiian/Pacific Islander ☐ Two or More Races

3. Religion: ☐ Roman Catholic ☐ Eastern Rite/Orthodox ☐ Other _____
If Catholic, Home Parish: _____

4. Primary Language spoken in the home: _____

5. Does your child need ESL Classes (English as a second language)? _____

Sibling(s) attending DeSales: _____ Grade: _____
If none (N/A) _____ Grade: _____

Sacramental Information if Catholic. If not Catholic please indicate N/A:

Baptism: _____
Date Church City State

First Penance: _____
Date Church City State

First Eucharist: _____
Date Church City State

Confirmation: _____
Date Church City State

SPECIAL EDUCATIONAL/MEDICAL CIRCUMSTANCES

St. Francis de Sales School receives limited Title1 Services from the government. Your child may be denied acceptance because the school is unable to meet the needs of the child.

Has your child ever been tested for special education services? e.g. Early Intervention for Speech, Hearing or any other delays in development. _____

Has your child ever received special education services for the items listed above? _____

Has your child been diagnosed with Autism? _____

Does your child have an (Individual Education Plan) IEP? _____

AFTER SCHOOL CARE

If your child attends an after school day care, please provide the following information:

After School Provider Name: _____ Phone # _____

OTHER

How did you hear about St. Francis de Sales School? (Check all that apply)

☐ School Website ☐ Flyers/Posters in Neighborhood ☐ Other Parents ☐ Student

Why did you decide to send your child(ren) to St. Francis de Sales School?

Are you a graduate of St. Francis de Sales School? _____ If yes, what year? _____

FAMILY BACKGROUND OF CHILD

Mother: _____
(First) (Maiden) (Last)

Address: _____ Home Phone: _____
(If different from child's) (If different from child's)

Mother Cell # _____ Religion: _____ Country of Birth: _____

Mother's Place of Employment: _____ Phone # _____

Mother's Email: _____

Father: _____
(First) (Middle) (Last)

Address: _____ Home Phone: _____
(If different from child's) (If different from child's)

Father Cell # _____ Religion: _____ Country of Birth: _____

Father's Place of Employment: _____ Phone # _____

Father's Email: _____

***For Adopted Children or Wards of the State ONLY:**

***Guardian:** _____
(First) (Middle) (Last)

Address: _____ Home Phone: _____

Guardian Cell # _____ Religion: _____ Country of Birth: _____

Guardian's Place of Employment: _____ Phone # _____

Home situation: **Please select one box ONLY:**

Student lives with: ☐ Two biological parent's ☐ One Parent (Please indicate Mother or Father) _____

☐ Mother/Stepfather ☐ Father/Stepmother ☐ Guardian

Please select one box ONLY:

If living with Parents: ☐ Married ☐ Separated ☐ Divorced ☐ Other

Parental rights: (in case of separation or divorce)

***Mandatory Documentation must be provided and up to date.**

Legal Custody: _____ Mother _____ Father

Physical Custody: _____ Mother _____ Father

(Attach a copy of Court Order/Agreement) (_____ Mother _____ Father _____ Guardian)

EMERGENCY CONTACT INFORMATION

This information is needed when parents/guardians cannot be reached or child is not picked up from school.

Please do not list parent/guardian as additional emergency contact.

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Cell Phone# _____ Home Phone# _____

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Cell Phone# _____ Home Phone# _____

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Cell Phone# _____ Home Phone# _____

OFFICE USE ONLY

Documents Provided: ☐ Birth Certificate ☐ Immunizations ☐ Baptismal Certificate (if Catholic)

☐ Proof of Address ☐ Legal Documentation ☐ Registration Fee, Amount: _____ Date Paid: _____

Letter Sent: Date: _____ ☐ Accepted ☐ Waiting List ☐ Not Accepted

USE OF TEXTBOOK FORM

All parents and/or guardians of children are required to sign the following form **ONCE** while their children are enrolled in our school.

I hereby request of the Secretary of Education of Pennsylvania the loan of instructional materials and textbooks in accordance with Act 90 (1975), Act 195 (1975), and Act 88 (1975), for my child(ren) attending:

***St. Francis de Sales School
917 S. 47th Street, Philadelphia, PA 19143
215-387-1749 • Fax: 215-387-6605***

Name of Child: _____

Signature of Parent/Guardian: _____ Date: _____

RESPONSIBLE USE OF TECHNOLOGY

STUDENT INTERNET ACCESS CONTRACT

I understand that when I am using the Internet or any other computer/telecommunications device, I must adhere to all rules of courtesy, etiquette and laws regarding the copying of information as prescribed by either Federal, State or local laws, the Archdiocese of Philadelphia and St. Francis de Sales School.

My signature below and that of my parent(s) or guardian(s) mean that I agree to follow the guidelines of this Responsible Use Policy for Internet access at all Catholic Schools.

Student Name: _____

Student Signature: _____ Date: _____

PARENT OR GUARDIAN: We ask that you review this policy with your child and sign this Student Access Contract.

I hereby release St. Francis de Sales School and the Archdiocese of Philadelphia, its personnel and any other institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Internet Access, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials that are in addition to the restrictions set forth by this Responsible Use Policy. I will emphasize to my child the importance of following rules for personal safety.

As the parent or guardian of this student, I have read the Responsible Use Policy for St. Francis de Sales School. I hereby give my permission for my child to use the Internet and will not hold St. Francis de Sales School or the Archdiocese of Philadelphia liable as a result of my daughter's/son's use of the Internet on school premises. I understand that my child has agreed not to access inappropriate material on the Internet.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



St. Francis de Sales School
917 S. 47th Street + Philadelphia, PA 19143
215-387-1749

STUDENT RECORDS RELEASE FORM

I hereby authorize _____ to release the following information regarding
(Name of school)

my child, _____,
(Name of student)

1. Permanent Record
2. Personal Recommendations
3. Health Records
4. Other _____

Please mail all documents to:

St. Francis de Sales School
917 S. 47th Street
Philadelphia, PA 19143
Phone: 215-387-1749
Fax: 215-387-6605

Signature of Parent: _____

Date: _____

STUDENT INTERVIEW RELEASE FORM

I, _____, the parent/guardian of _____, hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to permit my child to participate in a supervised interview with the news media. This authorization and release covers the use of said interviews in any form and by any media of advertising publicity.

I also understand that the school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such interviews.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

VIDEO/PHOTO RELEASE FORM

I, _____, the parent/guardian of _____, hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising publicity.

I also understand that the school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such interviews.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

Signature of Parent/Guardian

Date

Student's Name



2024-2025 Financial Responsibility
[https://online.factsmgt.com/signin/3PL3R\](https://online.factsmgt.com/signin/3PL3R)

All Registered Students must have a FACTS Tuition Account. It is the Parent's/Guardian's obligation to immediately create such an account. The link is listed above.

There are Ten (10) tuition payments (Payment Plan) or one (1) lump sum tuition payment of the entire year's tuition. Either Plan needs a FACTS Tuition Account.

If you choose the Payment Plan, tuition must be paid from July 2024 through April 2025. You can choose the payment method and the date of the month that tuition is due. Also, if you choose the Payment Plan, you will be charged \$42.00 by FACTS for that account.

There are no Grace Periods for Late Payments. If you do not pay on the pay date chosen by you, you will be charged \$35.00. The Late Fee is NOT waivable.

Registration Fees are NOT refundable.

Tuition payments are refundable on a limited basis. **July, August, and September tuition payments are not refundable.** Thereafter, if a student transfers or withdraws within the first week of a month and tuition has been paid, that payment only will be refunded. Monthly tuition payments will not be refunded for students transferring or withdrawing after the first week of the month.

I read the 2024-2025 Financial Responsibility and agree to its terms and conditions.

Signature

Printed Name

Date