



Registration Policies & Procedures for Admission to Saint Francis of Assisi Catholic School

Saint Francis of Assisi Catholic School does not discriminate on the basis of race, religion, color, national origin, gender, age, or disability in admission to its programs, services, or activities.

Please note that submission of the packet does not guarantee admission to the school. This is a multi-step process, as we must first finalize admissions for current families before reviewing the new admission packets.

Please make sure *all* forms are complete. Only completed registration packets will be accepted. New students must provide the following:

- ☐ Completed application form, must be submitted for each new student.
- ☐ Copy of Birth Certificate
- ☐ Copy of Baptismal Certificate, if Catholic
- ☐ Home Language Survey
- ☐ Agreement of Admissions Form
- ☐ Textbook Loan Form
- ☐ Special Education Verification Form
- ☐ Photo Release Form
- ☐ Memorandum of Understanding
- ☐ Health History Form
- ☐ Dental Report
- ☐ Physical Examinations **(Required for K and students entering 6th Grade) due by 9/15**

Pre-K students must be fully potty trained.

AGE REQUIREMENTS:

- To enter Pre-K 3 students must be 3 on or before September 1st.
- To enter Pre-K 4 students must be 4 on or before September 1st.
- To enter Kindergarten, students must be 5 years old on or before September 1st.
- To enter grade 1, students must be 6 years old on or before September 1st.

2025-2026 Tuition

PREKINDERGARTEN 3 YEAR OLD AND 4 YEAR OLD

Program Days Times Tuition

There is a PreK Registration Fee of \$125 per student which is **nonrefundable**. Registration fee is due at time of enrollment. Please make your check is payable to: Saint Francis of Assisi School.

10% PreK tuition discount offered to families with 2 PreK students. Discount applied towards second PreK student's tuition. 10% PreK tuition discount offered to families with a student in PreK and 1 or more students in K-8. Discount applied towards PreK student's tuition cost.

3 Half Days Tuesday, Wednesday, Thursday 8:00 until 11:30 \$335/month - \$3,350

5 Half Days Monday through Friday 8:00 until 11:30 \$375/month - \$3,750

3 Full Days Tuesday, Wednesday, Thursday 8:00 until 3:00 \$620/month - \$6,200

5 Full Days Monday through Friday 8:00 until 3:00 \$740/Month - \$7,400

KINDERGARTEN TO GRADE 8

One child \$4,780

Two children \$7,835

Three or more children \$9,525

Out of Parish/Non-Contributing \$5,980 per student

All tuition is paid through FACTS

1. A **non-refundable** deposit of \$125 is required along with this form. Please make your check is payable to: Saint Francis of Assisi School.

2. A school fee of \$150 per family will be collected at the beginning of the school year. This fee covers Technology, Arts and Crafts, Lunch Monitors.

Extended Day Program CARES (PreK through 6th Grade)

After School: After school care takes place from 2:40PM to 6:00PM. There is a nonrefundable registration fee of \$65 per child or \$100 for 2 or more. **CARES is not offered on early dismissal days.**

Fees For CARES (CURRENT SCHOOL YEAR)

2:40PM - 4:30PM \$15 for 1 Child; \$20 for 2 Children and \$25 for 3 or more children.

2:40PM - 6:00PM \$20 for 1 Child; \$25 for 2 Children and \$30 for 3 or more children.

*****Anytime after 4:30PM the 6:00PM rate applies -**

(Fees are subject to change for next school year, 2026-2027)

SFA Application for New Student Admission

Pre-Kindergarten - Grade 8

Pre-K Options: 3 Half Days (Tues, Wed, Thurs)
3 Full Days (Tues, Wed, Thurs)

5 Half Days (Monday - Friday)
5 Full Days (Monday - Friday)

Hours: Half Day 8:00 -11:30

Full Day 8:00 - 3:00

Pre-K Program----Please Circle: Pre-K 3 Pre-K 4

Pre-K Schedule---Please Circle: 3 ½ days 5 ½ days 3 Full days 5 Full days

Registration for Grade (Kindergarten-8): _____

If transferring, Previous School _____

Child's Name _____
Last First Middle

Address _____

Gender: M F Date of Birth: _____

Place of Birth: City _____ State _____ Country _____

Is your family registered with St. Francis of Assisi? Yes _____ Parish ID# _____

No: _____ Are you registered with another parish? _____

Do you have other students attending St. Francis? Yes _____ No _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Sacraments Received: Please list date of sacrament and Church where sacrament was received. **Please provide a copy of the baptismal certificate.**

Baptism: _____

Reconciliation: _____

Holy Eucharist: _____

Confirmation: _____

Public School District: _____

Bus Transportation (First - Grade 8): _____ Yes _____ No

(NOTE: Springfield School District DOES NOT bus Kindergarten students)

Family Background:

Student lives with:

____ Mother and Father ____ Mother Only ____ Father Only

____ Legal Guardian/Relationship to Student: _____

Father/Guardian:

Name _____

Address (If different from student) _____

Home Phone # _____ Cell # _____ Work # _____ E-

Mail _____

Occupation/Employer _____

Religion _____

Mother/Guardian:

Name _____ Maiden name _____

Address (if different from student) _____

Home Phone # _____ Cell # _____ Work # _____

E-Mail _____

Occupation/Employer _____

Religion _____

Parents' Marital Status: *Please check all that apply*

____ Single ____ Married ____ Separated* ____ Divorced*

____ Mother Deceased ____ Mother Remarried

____ Father Deceased ____ Father Remarried

*Custody:

Legal Custody: ____Joint ____Sole Custody: ____Mother ____Father ____Guardian Physical

Custody: ____Joint ____Sole Custody: ____Mother ____Father ____Guardian Is there court

paperwork showing custody arrangements? ____Yes ____No

For legal reasons, the principal will need a copy of the custody arrangements.

* NOTE: Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding the release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

I/We hereby acknowledge that all the information contained in this application and its accompanying documents is accurate and truthful. I/We agree to pay all of the applicant's tuition and fees when due.

Names of Parents/Guardians: Signatures:

Mother Sign and date:

Father Sign and date:

The following information, if necessary, when completing census data for grants and the National Catholic Education Association (NCEA) Data bank. This information is not used in any way to determine admission.

Ethnicity of Student: Please check one of the following:

_____ White _____ Asian _____ Black _____ American Indian
_____ Hispanic _____ Pacific Islander _____ Multiracial

Student Background Information:

Subject to the review and approval of the principal, students with special needs may be permitted to attend archdiocesan schools; however, parents must provide accurate and complete information regarding the applicant's needs to assist schools in determining whether reasonable accommodations can be made.

Has the child been retained? Yes _____ No _____ Grade _____

Has your child received special services from a professional (e.g., counselor, speech therapist, special education teacher)? _____ No _____ Yes

Briefly describe the type of service, length of service, and if it discontinued, a reason for discontinuation: _____

Does your child have an Individualized Education Plan (IEP)? Yes _____ No _____
If yes, please provide a copy of the report.

Physical Disability:

_____ No existing physical disability _____ Identified Disability (specify): _____

Learning Disorder:

_____ No known learning disorders
_____ Identified Disorder (specify): _____

Please provide copies of any completed diagnostic work, evaluations or specialized plans that have been developed for your child in the past, which may include psycho-educational evaluations, speech & language evaluations, an Individualized Educational Plan (IEP), a 504 plan, testing for Gifted and Talented Programs or any similar documents. Although Archdiocesan Catholic Schools are not required to implement public schools' special education plans, principals may determine the school is able to provide reasonable accommodations in some circumstances.

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's First Name: _____

Child's Family Name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Child's Place of Birth: _____

If from out of the country, what is the child's initial U.S. entry date? _____

School Enrollment History:

Name of School	State/Country	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? ___No ___Yes (language) _____

2. Does your child communicate in a language other than English? ___No ___Yes (language) _____

3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ___No ___Yes



SAINT FRANCIS OF ASSISI PARISH SCHOOL

**112 Saxer Avenue
Springfield, PA 19064-2333
610-543-0546 Fax 610-544-9431**

Agreement for Admissions

It is our (my) wish that our (my) child (children) attend **ST. FRANCIS OF ASSISI SCHOOL** an archdiocesan elementary school. We understand that our (my) child (children) is (are) obligated to attend classes in Religion and fulfill the requirements for this subject and, also, to attend all religious functions offered as part of the school program.

We (I) assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives, and regulations of the school.

(School Official)

(Date)

(Parent/Guardian)

(Date)

(Parent/Guardian)

(Date)

CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS

(All parents/guardians of children are required to sign the following form while their child(ren) are enrolled in our school.

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195-1972 and Act 90-1975 for my child(ren) attending Saint Francis of Assisi School in Springfield, Delaware County. This request will cover the time that my child(ren) attends said school.

Child(ren) Year of Graduation

Child(ren) Year of Graduation

Child(ren) Year of Graduation

Child(ren) Year of Graduation

Child(ren) Year of Graduation

Signature of Parents or Guardian



SAINT FRANCIS OF ASSISI
PARISH SCHOOL
112 Saxer Avenue
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SPECIAL EDUCATION VERIFICATION FORM

I certify that my child _____:
(Print Student's Name)

_____ Is not now, nor has previously been identified as a Special Education student.

_____ Has been previously identified as a Special Education student with an IEP*, but is no
longer classified as a Special Education student.

_____ Has been identified as a Special Education student and is currently or was receiving
Services through an IEP.

Date of current IEP _____

Date of Evaluation Report _____

(Parent must provide a copy of the current IEP/ER)

_____ Is currently or has been receiving services through a 504 Agreement.

Signature of Parent/Guardian

Date

*IEP – An IEP is an Individualized Education Program and is the written plan for the education of a student who has a disability or is gifted.

PHOTO RELEASE FORM

I, _____ 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.

I also understand that our 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 use of such school pictures.

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

Student

Address

City, State, Zip

Phone Date

MEMORANDUM OF UNDERSTANDING

Every Catholic school student has a right to be treated as a child of God, with the love and respect that implies, regardless of family circumstances. In like manner, the believing community has the right to an education guided by Catholic teaching and identity, unimpeded by pressures contrary to Church teaching. As parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is two-fold: to strengthen the Catholic community in its faith, and to form students in the teachings of Jesus Christ and the Catholic Church.
2. Catholic schools are distinctive religious education institutions guided by the teachings of the Catholic Church. They are not simply private schools offering a positive moral code. Rather, they exist to advance the faith mission of the sponsoring Catholic parish(es), Archdiocese, or Catholic religious community.
3. While Catholic education places a high value on academic excellence and extracurricular achievement, its fundamental priority is fidelity to Catholic teaching and identity.
4. Attending a Catholic school is a privilege, not a right. The school and its administration have the responsibility to ensure that Catholic teaching and moral integrity permeate every facet of the school's life and activity and that the school is able to function as a community of faith.
5. In all questions that involve Catholic teaching, morals, and Church law, the final determination rests with the Archbishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all principles and policies that govern the Catholic School.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Immunization Requirement for Students Entering Saint Francis of Assisi School

Dear Parent/Guardian,

Pennsylvania Code 27.77 requires certain immunizations (shots) to enter Pre-Kindergarten and attend school. Please check with your healthcare provider as soon as possible to make sure that your child has all the needed immunizations.

Please send proof of immunizations with the registration packet. Updated immunizations can be sent when completed. The school nurse will contact you if any more records are needed. If not received by September 15th, your child will **NOT** be permitted to stay in school. Proof of immunization must be an immunization certificate/report from your healthcare provider.

**SPRINGFIELD SCHOOL DISTRICT
SPRINGFIELD, PA 19064**

HEALTH HISTORY FORM FOR KINDERGARTEN AND NEW ENTRANTS

Dear Parents:

The following information is needed by the school for the health record of your child and in assisting him/her to receive the maximum benefits from school.

Name of Child_____

Address_____

Telephone_____ Child's Birthdate_____

Father's Name_____ Mother's Maiden Name_____

Has your child had any of the following:

Allergy_____	Chicken Pox_____
Recurring Illness_____	German Measles_____
Operations_____	Measles_____
Emotional Problems_____	Mumps_____
Serious Accidents_____	Polio_____
Eyeglasses (if so, how long) _____	Rheumatic Fever_____
Tuberculosis (any family member)_____	Scarlet Fever_____
Whooping Cough_____	

List any other medical problems you feel should be known_____

Students in kindergarten and new entrants are required to have a complete physical examination. It is recommended that this examination be made by the family physician.

Physical will be given by: Family Physician_____

Date_____ Signature of Parent_____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
**PRIVATE DENTIST REPORT OF
DENTAL EXAMINATION OF A PUPIL OF
SCHOOL AGE**

NAME OF SCHOOL _____ **DATE** _____

Name of Child			Age	Sex M____ F____	Grade	Section/Room
Last	First	Middle				

Address					
Street	City or Post Office	Borough or Township	County	State	Zip

REPORT OF EXAMINATION**Tooth Chart**

	Right							Left									
Upper	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13	J 14	15	16	Upper
Lower	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
Upper																	Upper
Lower																	Lower

Is the Child Under Treatment Yes_____ No_____

Treatment Completed Yes_____ No_____

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address

Please keep a copy for your records

DUE SEPTEMBER 15th

**Springfield School District
Springfield, PA 19064**

PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF SCHOOL AGE CHILD
(Required of K, 6th and 11th grade students and new entrants)

Name LAST First Middle Age Sex Height Weight

Address Phone

Immunization Status

Vaccine	Number of Doses Required by Law	Dates Received (day, month and year)				
Tetanus-Diphtheria	4					
Pertussis	-					
Polio	3					
Measles	2					
Rubella	2					
Mumps	2					
Hepatitis B	3					
Varicella	-					
Meningitis	-					
Tuberculin Tests	Date-Last					

Medical History

Give significant details of child's medical history, including serious illness, operations, accidents, etc.

Reports of Examination

Do you find evidence of any of the following: (if yes, elaborate on reverse side)

Visual Acuity	O.D. ____	O.S. ____	Hearing test results	Right ear ____	Left ear ____
Eye strain or eye disease	Yes ____	No ____	Dental or gingival disease	Yes ____	No ____
Nutritional disease	Yes ____	No ____	Allergy	Yes ____	No ____
Psychological concerns	Yes ____	No ____	Orthopedic abnormality	Yes ____	No ____
Nose or throat abnormality	Yes ____	No ____	Other conditions specify:	_____	
Heart abnormality	Yes ____	No ____	_____		
Asthma	Yes ____	No ____	_____		
Abdominal abnormality	Yes ____	No ____	_____		
Blood pressure	_____				

Is this child under treatment? Yes ____ No ____

Should this child have restrictions on play or physical education activities? Yes ____ No ____

Recommendations: _____

Scoliosis Screening: Results _____

Date Physician Address

Form H-7 revised 07/10