

Application for Admission - Registration Form

St. Isidore School
 603 W. Broad Street
 Quakertown, PA 18951

Phone: 215-536-6052
 Fax: 215-536-8647
 Email: Admissions@stisidoreschool.com

School Year _____ Date _____

Parent's Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Email _____

Are you Catholic: ___ Yes ___ No
 If yes, what parish do you belong to: _____

How did you hear about our school? Please check all that apply.
 ___ Website ___ Friend/Neighbor ___ Family Member ___ Welcome Wagon
 ___ Church Bulletin ___ Post Card ___ Grizzly Cub Program ___ Advertisement
 ___ Other: _____

Apply for Grade*

Student's Name(s) _____

When applying for Pre-School, Pre Kindergarten or Kindergarten please indicate the **number of days as well as **full time (full day) or part time (1/2 day)** and **which days of the week attending***

Pre-School		Pre-Kindergarten		Kindergarten	
5 FT	5 PT	5 FT	5 PT	5 FT	5 PT
4 FT	4 PT	4 FT	4 PT	N/A	N/A
3 FT	3 PT	3 FT	3 PT	N/A	N/A
2 FT	2 PT	2 FT	2 PT	N/A	N/A

Monday	Tuesday	Wed.	Thurs.	Friday

**Check days of the week you wish your child to attend*

There is a \$125.00 **Non-Refundable** Registration and Capital Infrastructure fee due when registering. This, as well as tuition, must be paid through the **FACTS** Tuition at online.factsmgt.com/signin/3P337. If paying in one full payment there is no fee charged. If you choose to pay in 2 payments there is a \$10 fee added. Most choose the monthly payment plan and there is a onetime fee of \$45 added for that plan. Students who leave prior to the end of the school year will have their tuition pro-rated and refunded accordingly.

St. Isidore School

603 West Broad Street, Quakertown, PA 18951

PHONE: (215) 536-6052 FAX: (215) 536-8647 www.stisidoreschool.com

Applicant: _____
Last First Middle Goes By (Sex)
Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ e-mail address: _____
(will be used for school communications)

Public School District in which applicant resides: _____

Does this applicant have any other last name, which might appear on school records? Yes _____ No _____

If yes, please indicate name: _____

Age: _____ Birth date: _____ Country of Birth: _____

Applying for grade: _____ School Year: _____ Present School: _____

Has this applicant previously applied to St. Isidore School? _____ If so, what grade(s)? _____

Are other siblings applying this year? _____ If so, what grade(s)? _____

Does applicant have a sibling(s) currently enrolled at St. Isidore School? _____ If so, what grade(s)? _____

CULTURAL HERITAGE OF APPLICANT: please check all that apply

_____ Asian American _____ African American _____ Hispanic American _____ American Indian
_____ Caucasian (Anglo) _____ Multi-Race _____ Non-American: (please specify) _____

U.S. Citizen? Yes _____ No _____ If no, visa status _____

RELIGIOUS INFORMATION OF APPLICANT (IF CATHOLIC): Baptismal Certificate Required upon registration

Parish: _____

Baptism: _____ Church: _____ City: _____ State: _____
Date

First Communion: _____ Church: _____ City: _____ State: _____

First Penance: _____ Church: _____ City: _____ State: _____

Confirmation: _____ Church: _____ City: _____ State: _____

PARENT/GUARDIAN INFORMATION:

Parents are: (Check one that applies)

_____ married _____ divorced: _____ separated _____ deceased: _____ mother _____ father

Applicant resides with: (Check all that apply)

_____ mother _____ father _____ step-father _____ step-mother _____ guardian

Send all correspondence to:

_____ Home address of applicant _____ Father's Business Address _____ Mother's Business Address

Last name (if different from applicant): _____

Who has legal custody of applicant: _____ Both Parents _____ Mother _____ Father _____ Other

If this applicant is accepted, financial obligations will be assumed by:

_____ Parents _____ Father _____ Mother _____ Guardian _____ Other: specify _____

Father or Guardian:

Name

Home Address (if different from applicant)

City County State Zip

Cell Phone Number

Religion

Country of Birth

Employer

Position/Occupation

Business Address

City State Zip

(_____) _____
Area Code Business Telephone

Business e-mail

Mother or Guardian:

Name

Home Address (if different from applicant)

City County State Zip

Cell Phone Number

Religion

Country of Birth

Employer

Position/Occupation

Business Address

City State Zip

(_____) _____
Area Code Business Telephone

Business e-mail

IDENTIFIED SPECIAL NEEDS OF APPLICANT:

Applicant has: (Check that which applies)

_____ Physical handicap, medical condition, special current or recurrent illness of which school should be informed. Please attach.

_____ Diagnosed learning disability: (Diagnosed by): _____ Date: _____

_____ Attention Deficit/Hyperactivity Disorder: (Diagnosed by): _____ Date: _____
Description: include types and dosages of medication if applicable and intervention strategies currently being implemented.

Has this applicant ever been tested or counseled by a psychologist or psychiatrist? _____ Yes _____ No Date _____

• All results of educational/psychological evaluations must be submitted with this application

Please provide any other information, regarding the child’s educational background or social development that the school should know in order to evaluate its ability to serve the child’s needs.

STATEMENT OF ACCURACY AND AUTHENTICITY:

Please read and sign

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to the principal any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, the school reserves the right to revoke admission of this applicant.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date