



St. Jane Frances de Chantal School

1900 Washington Blvd.
Easton, PA 18042
610-253-8442

Website: www.stjaneschool.com

Email: principal@stjaneschool.com

New Student Application for Admission

2018-2019 School Year

For Grade _____

Date of Registration: _____

Non-refundable Registration Fee \$100.00

after 2/9/18 - \$125.00

Rec'd _____ Check # _____

Please print and complete the following information completely:

If applicable, please write the School/Daycare admitted from (provide address/phone)

Child's Name _____			Gender: _____		
Last		First		Middle	
Place of Birth: _____		Date of Birth _____		mm / dd / yyyy	
Child's Address: _____			/ _____ / _____ / _____		
			City		State
					Zip

Mother/Guardian's Name: _____			/ _____		
First		M.	Last		Occupation
Place of Employment: _____			Place of Birth: _____		
Mom Contact Information: _____			/ _____ / _____		
Cell		Business/Work		Email Address	
Mother's Maiden Name: _____			Step Parent Name (if applicable): _____		

Fathers/Guardian's Name: _____			/ _____		
First		M.	Last		Occupation
Place of Employment: _____			Place of Birth: _____		
Father Contact Information: _____			/ _____ / _____		
Cell		Business/Work		Email Address	

Parents Marital Status: Please circle

Married
Single

Separated
Divorced

Widowed
Remarried

Sacraments for your child:

Baptism _____ / _____ / _____

Church

City & State

Date

Holy Communion _____ / _____ / _____

Church

City & State

Date

Confirmation _____ / _____ / _____

Church

City & State

Date

Registered Parish: _____ Since: _____

Church Name

Year

If child is not Catholic, please indicate Religion: _____
Which Church do you belong to? _____

For Pennsylvania Department of Education reporting, please complete the following information:

Public School District in which student resides: _____

Transportation: Bus _____ Car Rider/Walker: _____ Aftercare: _____

Child's Ethnic Group: _____
(Please choose one: Native American, Asian, Black, Native Pacific Islander, White, Two or More Races)

Please indicate if Hispanic or Latino _____

Other important information:

Is this child the oldest or youngest child at St. Jane Frances de Chantal School? _____

Name and grade of other children at St. Jane Frances de Chantal School: _____

Did your child receive any special services at their previous school? _____ Yes No
Is yes, please list what services were provided. Example: remediation in reading or math, speech, occupational, gifted

Did your child have an IEP (Individualized Education Program) or an ER (Evaluation Report) _____ Yes _____ No
(Please provide a copy of your child's latest IEP or ER or RR)

****Please list anything you need to tell us that might affect the academics of your child. (You may place in a sealed envelope. Information will be kept confidential.)****

PLEASE NOTE: In case of separated/divorced families, custody papers must be made available to the school.

By registering my child at St. Jane Frances de Chantal School, I agree by all the guidelines, rules and regulations set forth in the Student Handbook. The Student Handbook can be found at <http://www.stjaneschool.com/student-handbook>.

In order for your registration to be accepted, this application must be accompanied by a \$125 non-refundable check and current Immunization record for your child.

Parent signature: _____ Date: _____
Please print Last name: _____

Parent signature: _____ Date: _____
Please print Last name: _____