



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

2019-2020 School Year

Date of Registration: _____

Non-refundable Registration Fee \$100.00

after 2/1/2019 \$125.00

For Grade _____

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			

Sacraments for your child:

<i>Baptism</i> _____	Church	City & State	Date
<i>Holy Communion</i> _____	Church	City & State	Date
<i>Confirmation</i> _____	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: _____

St. Jane Frances de Chantal School – A Catholic tradition in academic excellence.