

**St. Martin of Tours School
One Riverstone Circle
New Hope, PA 18938**

Registration Form

Entering Grade: _____ on ___/___/___ Child's SS# ___-___-___

Child's Name: _____ Sex: M F
(First) (Middle) (Last)

Nickname: _____

Mailing Address: _____ Phone: ___-___-___
(Street)

(City) (State) (Zip)

School District in which child resides: _____

Race: Caucasian___Asian___African American___Hispanic___Other___

Date of Birth: ___/___/___ County and State of Birth: _____

Parish: _____ Parish Location: _____

Family Covenant signed: ___Yes ___No

Child Baptized at: _____ Date: ___/___/___

Other Sacraments Received:

Reconciliation: ___/___/___ Eucharist: ___/___/___ Confirmation: ___/___/___

Reason for Withdrawal: _____

Has child ever received Special Education services? _____

No: ___ Yes: ___ Name of Program(s): _____

Child lives with:

Both Parents: ___ Mother ___ Father ___ Other ___

Parents Marital Status:

Married ___ Divorced ___ Separated ___ Single ___ Widow ___

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

Father's Religion: _____ Country of Birth: _____

Address (If different from child): _____

Employer's Name & Address: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____
(First) (Maiden) (Last)

Address (if different from child): _____

Mother's Religion: _____ Country of Birth: _____

Employer's Name & Address: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Only if applicable:

Primary Physical custodial parent/guardian: _____

Special custodial court instructions: ___No ___Yes (If yes, please provide a copy)

Please Provide stepparent information here:

Please describe any medical alerts, serious illnesses, or disabilities we should be aware of:

Date Received: _____ Signed Covenant: _____ Subdy Apr. _____ Reg. Fee Ck #: _____

Parish ID# _____ Tuition Forms Rec'd: _____ Full/Bank: _____ Bank Fee Rec'd _____