

St. Katherine of Siena Catholic School
Registration Form
Succeeding in the Present...Preparing for the Future
 9738 Frankford Avenue Philadelphia, PA 19114

www.sksphila.org

(215) 637-2181

Family Last Name _____ Public School District _____

Address _____ City _____ State _____ Zip _____

Home Phone No. _____ SKS Parishioner: Y N Family Parish ID _____

Email _____

Non-refundable registration fee is \$100 per student.

Full Name	Full Name	Full Name	Full Name
_____	_____	_____	_____
Grade _____	Grade _____	Grade _____	Grade _____
DOB _____	DOB _____	DOB _____	DOB _____
M/F _____	M/F _____	M/F _____	M/F _____
Religion _____	Religion _____	Religion _____	Religion _____
Regis. Fee Paid \$ _____	Regis. Fee Paid \$ _____	Regis. Fee Paid \$ _____	Regis. Fee Paid \$ _____
Check # _____	Check # _____	Check # _____	Check # _____
Cash _____	Cash _____	Cash _____	Cash _____

We will pay our tuition and fees: _____ FACTS program _____ in full

	Full Name	Address (if different)	Cell Phone Number	Deceased (Y/N)	Religion	Country of Birth
Father						
Mother						
Stepparent/ Guardian #1						
Stepparent/ Guardian #2						

Relationship of guardian #1: _____ Relationship of guardian #2: _____

Mother's Occupation: _____ Place of Employment: _____
 Father's Occupation: _____ Place of Employment: _____

Extended Family Information: Saint Katherine of Siena would like to invite grandparents to certain school gatherings. Please provide the following information:

_____ **Maternal Grandmother's Name**

_____ **Email Address**

_____ **Home Address**

_____ **Phone No.**

_____ **Maternal Grandfather's Name**

_____ **Email Address**

_____ **Home Address**

_____ **Phone No.**

_____ **Paternal Grandmother's Name**

_____ **Email Address**

_____ **Home Address**

_____ **Phone No.**

_____ **Paternal Grandfather's Name**

_____ **Email Address**

_____ **Home Address**

_____ **Phone No.**

Questions Contact:

SKS Advancement & Development

skadvancement@gmail.com

(215) 637-2181 ext. 103