

(over)

Marital Status: ___ Married ___ Separated ___ Single Parent ___ Remarried
 ___ Father/Stepmother ___ Mother/Stepfather

Full Name of Step-Parent: _____

Is there a court-ordered custodial agreement? _____ Yes _____ No
(If yes, provide a copy of the custody order.)

Previous School(s) attended: _____

Method of Transportation: ___ Car ___ Walk ___ Bus

School District Bus: ___ Upper Darby ___ Springfield ___ Haverford
 ___ William Penn ___ Marple ___ Rose Tree
 ___ Other: _____

If using Upper Darby School District transportation, you must register by calling 610-352-2400.

Does your child have special needs? ___ Yes ___ No If yes, please explain:

Language spoken at home if not English: _____

Other children in the **immediate** family attending St. Dorothy School:

Name

Grade

Before and after school CARES is available. _____ Yes, I am interested.
(Please complete CARES registration, can also be found on website.)

I certify all of the information on this application is correct.

Parent/Guardian's Signature

Date: _____