

**St. Genevieve School  
1237 Bethlehem Pike  
Flourtown, PA 19031**

**Registration 2020-2021**

Student's Name \_\_\_\_\_  
Last First Middle Country of Birth Date of Birth Sex Parish

Address \_\_\_\_\_ City State Zip County of Residence Public School District of Residence

Religion of Student \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Penance \_\_\_\_\_ First Eucharist \_\_\_\_\_  
Date Church City/State Date Church City/State

Confirmation \_\_\_\_\_  
Date Church City/Sate

Father's Name \_\_\_\_\_ Father's Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_  
(include maiden)

Occupation \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Primary** Family E-Mail \_\_\_\_\_ **Primary** Family Phone \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Single If divorced, custody  Shared  Sole

If divorced, please list an alternate address at which father or mother reside:  Mother  Father  Both parents to receive school communications

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**OVER, PLEASE**

Medical Needs or Problems (include allergies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Schools/Day Care Experience:

School: \_\_\_\_\_ No. of Years: \_\_\_\_ School: \_\_\_\_\_ No. of Years: \_\_\_\_

Has your child received any of the following services: *(please check all that apply)*

Occupational therapy       Physical therapy       Speech/Language therapy       Psychological therapy  
 Screening for attention issues

Seeking Admission to Grade: \_\_\_\_\_ School District of Residence: \_\_\_\_\_ **Request for busing:**  **Yes**  **No**

Please share any information about your child you feel would be beneficial for us to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_