



Saint Stephen's Episcopal School

215 North Front Street
Harrisburg, PA 17101-1407
717-238-8590

For Office Use Only:
Date Application received: _____
Date Paid: App. Fee _____ Reg. Fee _____
Age as of Sept. 30 _____

REGISTRATION APPLICATION

Application is hereby made for the admission of: (Please type or print.)

Name _____ Name used _____
Last First Middle

to St. Stephen's Episcopal School for the academic year of 20____-20_____.

Male____ Female____ Date of Birth _____ Age as of Sept. 30 _____
(years-months)

Social Security Number _____ Grade entering _____

Has the applicant ever been offered an IEP or received help for a learning disability? ____Yes ____No

Has the applicant ever repeated a grade? ____Yes ____No If yes, which grade? _____

Has the applicant ever been suspended or expelled from school ____Yes ____No If yes, why? _____

Name of Parents or Guardians:

Mr. _____ Mrs. _____
First Middle Last First Middle Last

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Social Security Number: _____ Social Security Number: _____

Email _____ Email _____

Marital Status of Parents _____ Pupil lives with _____

Siblings: _____ Age _____

_____ Age _____

Would you like to apply for the Sibling Discount? _____

Father's Occupation _____ Mother's Occupation _____

Business Name _____ Business Name _____

Business Phone _____ Business Phone _____

Current School, Daycare Center, and grade _____

Address of School _____ Phone _____

City _____ State _____ Zip _____

School District of residence (For busing purposes) _____

How did you learn about St. Stephen's Episcopal School?
