



Saint Stephen's Episcopal School

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

For Office use only:
Date form received: _____
Date registration fee paid: _____

Please use ink to complete.

RE-REGISTRATION APPLICATION

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

Name _____ Name used _____

to St. Stephen's Episcopal School for the academic year of _____ - _____ in Grade _____.

Male _____ Female _____ Date of Birth _____

Student's Physician _____

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: _____

Email _____ Email _____

School District of residence (For busing purposes) _____

Marital Status of Parents _____ Pupil lives with _____

Siblings: _____ Age _____

_____ Age _____

Father's Occupation _____ Mother's Occupation _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

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

Business Phone _____ Business Phone _____

In case of emergency, if the parents cannot be reached, notify:

Name _____

Relationship _____ Business Name _____

Home Address _____ Business Phone _____

City _____ State _____ Zip _____ Home Phone _____

Name _____

Relationship _____ Business Name _____

Home Address _____ Business Phone _____

City _____ State _____ Zip _____ Home Phone _____

Allergies _____

Paternal Grandparents:

Name _____

Address _____

City _____ State _____ Zip _____

Phone __ (____) _____

Maternal Grandparents:

Name _____

Address _____

City _____ State _____ Zip _____

Phone __ (____) _____

Religious denomination or church affiliation _____

RE-REGISTRATION POLICY:

The re-registration process is completed upon receipt of a **NON-REFUNDABLE** registration fee. The registration fee is due on or before **March 1**.

DISMISSAL ROUTINE Please indicate the length of day and mode of transportation requested for the student.

Extended Day is a service offered each school day exclusively for the benefit of students at St. Stephen's Episcopal School until 5:30 P.M. at an additional charge.

My student (check one) _____ will _____ will not require bus transportation.

My student will stay until _____ 11:30 A.M. _____ 3:00 P.M. _____ Afterschool, pick-up at _____.

PAYMENT PLANS

You **MUST** choose one of the following: **PLEASE CHECK ONE:**

- _____ Annual – August 1
- _____ Semi-Annual – August 1 and January 1
- _____ 12-month plan – June 1 – May 1
- _____ 10-month plan – July 1 – April 1
- _____ 10-month plan – August 1 – May 1

All accounts must be paid in full by May 1.

Please list the names of any new siblings who will be attending St. Stephen's School this coming school year:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

I understand the fee policy outlined above.

My child has permission to participate fully in the activities of St. Stephen's Episcopal School. This child may accompany School groups on field trips and other excursions on foot and by other means of transportation.

I give my permission for St. Stephen's Episcopal School to use any photographs taken of my child for slide presentations and/or promotional materials for the school.

I give my permission for my child to receive emergency medical care by a licensed physician or facility if necessary.

Parental Agreement

In making application, we acknowledge that:

1. We will cooperate fully with the administrative, educational, and financial policies of the school.
2. We agree that our child will be held subject to the rules and regulations as practiced by this school.
3. We request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for our child.
4. The above information is true, to the best of my knowledge, as of the date below.

Signature of Parent or Guardian

Date