



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 _____

PLEASE USE INK TO COMPLETE.

REGISTRATION APPLICATION (One student per application)

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

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_____ Grade entering _____
(years-months)

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. _____
First Middle Last

Mrs. _____
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 (**Required**) _____

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

Please describe any academic, physical, or emotional problems you feel the school needs to know about your child. List all allergies. Also share any other pertinent information which might enable the school to better understand your child.

St. Stephen's does not discriminate on the basis of race, gender, religion or national origin.

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

Name _____ Business Name _____

Home Address _____ Business Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Relation to student _____ Home Phone _____

Name _____ Business Name _____

Home Address _____ Business Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Relation to student _____ Home Phone _____

Religious denomination or church affiliation _____

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. If yes, please circle: AM only PM only BOTH

My student will be picked up by a daycare provider ___. Name & Phone No. of Provider: _____

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 (**Only available starting June 2017**)

_____ 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 SELECT A T-SHIRT SIZE FOR YOUR CHILD: ___YS ___YM ___YL ___YXL ___AS ___AM ___AL ___AXL

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 photos/images of my child(ren) on websites or social or other media pages or in various newspapers, flyers, brochures, magazines or other print materials at the discretion of 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