



# Application for Admission

## Saint Katharine Drexel Catholic School

1053 Holland Road ~ Holland PA ~ 18966  
(215) 357-4720~ [www.skdschool.org](http://www.skdschool.org)

### Registration Information

At St. Katharine Drexel Catholic School, we take pride in the education experience offered to our students. Our staff is committed to guiding and supporting you through the Admissions Process. All Applications for Admission must be submitted with all of the necessary paperwork listed below. Without the following documentation, an application will be considered incomplete and will not be reviewed.

- **A copy of your child's State Birth Certificate**  
First Grade: child must be 6 years of age on or before August 31, 2024  
Kindergarten: child must be 5 years of age on or before August 31, 2024  
Pre-K 4: child must be 4 years of age on or before August 31, 2024 and fully toilet trained.  
Pre-K 3: child must be 3 years of age on or before August 31, 2024 and fully toilet trained.
- **An copy of Baptismal Certificate at the time of registration**
- **All sacramental information**  
Completed dates and names of churches for Reconciliation, Eucharist, and confirmation must be provided on application with copies of certificate – if applicable.
- **Application Fee**  
A \$100 non-refundable application fee is required per family.
- **Current Immunization Record Signed by a Doctor**  
A copy of the immunization record must be included per state law before a child can begin attending classes.
- **Health History Form**  
A health history form completed by a parent must also be included with your immunization record. This form is included in your registration packet.
- **If Divorced or Separated**  
A copy of the court order pertaining to custody (if applicable) or a note from a parent explaining custody arrangements must be provided.
- **Test Results**  
Testing results for any student being registered (psychological, physical, educational, disability, etc.) must be provided.

### Questions?

**Alicia Figueroa**

Director of Advancement

[215-357-4720](tel:215-357-4720) - extension 4

[advancement@skdschool.org](mailto:advancement@skdschool.org)



# St. Katharine Drexel Catholic School Application for Admission

*Embracing Leadership, Love, & Learning*

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Previous School: \_\_\_\_\_ School District: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  N/A

Race/Nationality: \_\_\_\_\_

## Parish Information

Name of Parish: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Date of Reconciliation: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Date of Holy Eucharist: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_



## Parent/Guardian Information

### Father's Information

Name: [Click here to enter text.](#) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_

### Mother's Information

Name: (Maiden) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed  Single

Child lives with:  Both  Mother  Father  Other/Guardian

*\*If divorced or separated, please attach a copy of court order. A court issued custody agreement **must** be on file in the school office.*

## Emergency Information

Medical Allergies:

Emergency Contact 1:

Relation

Primary Phone #:

Cell Phone #:

Emergency Contact 1:

Relation

Primary Phone #:

Cell Phone #:

Doctor's Name:

Hospital of Choice:

Doctor Phone:

Doctor Address:

## Registration Checklist

Registration will not be complete without copies of all documents on file and \$100 non-refundable registration fee.

- Birth Certificate  Current Immunization Records  Dentist Report  
 Baptismal Certificate  Physician's form  CRSD Health Form

### Other Important Documentation we'll need:

- Bussing Form (If applicable)  Potty Training Form  Parish Verification Letter (If applicable)  
 Request for Student Records (for Transfer students only)