



Mother of Divine Providence School
405 Allendale Rd.
King of Prussia, PA 19406
REGISTRATION FORM

OFFICE USE ONLY:

Date received _____ By _____

Time: _____ AM/PM

Registered MDP Parishioner YES/NO

Entering Grade:	<input type="text"/>	Child SS#			
Child's Name:	(First)	(Middle)	(Last)	Sex: M F	
Date of Birth:	Country and State of Birth:	Race:			
Religion:	If Catholic, please specify parish in which family is registered:				
Mailing Address: (Street)					
(City)	(State)	(Zip)			
Phone:	Email :				
Child Baptized at:	Date:	Other Sacraments Received:			
School District in which child resides:					
School transferred from:	Reason for transfer:				
Has child ever received Special Education services?					
How did you hear about MDP school?	Referred by:				
Child lives with:	Both Parents:	YES	NO		
Mother:	Father:	Other:			
Parents Marital Status:	Married:	Divorced:	Separated:	Single:	Widow:
Please note: Acceptance in 2nd-8th grade is contingent upon review of child's records from previous school and approval of the principal or her designee.					

