

St. Antoninus New Student Registration- 2021-2022

Family Name _____ Registration Date _____

Registering For Grade: Half Day K, Full Day K, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th,

STUDENT INFORMATION

Full Name _____ Date of Birth _____

Address _____ City/State _____ Zip Code _____

Male or Female _____ Religion _____ Race _____

School Last Attended & Grade _____

Public School District of Residence _____

Child Lives With: Both parents Mother Father Other (please circle)

MOTHER/GUARDIAN INFORMATION

Full Name _____

Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Occupation _____

Race _____ Religion _____ Custodial Rights: Y/N

FATHER/GUARDIAN INFORMATION

Full Name _____

Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Occupation _____

Race _____ Religion _____ Custodial Rights: Y/N

FINANCIAL RESPONSIBILITY

Who has financial responsibility for tuition payment? _____

If financial responsibility is shared, what is the percentage shared & by whom? _____

SACRAMENTS

Baptism Date _____ Church _____

First Communion Date _____ Church _____

Reconciliation Date _____ Church _____

Confirmation Date _____ Church _____

OVER.....

TO HELP US SERVE YOUR CHILD

Does your child have an Individualized Education Plan-IEP/Service Plan? Yes____ No____

- If yes, please provide a copy of the plan.

Are there any special conditions of which we should be aware? (Wear hearing aid/medications taken, etc).

- Parish Tuition Rate**-To qualify for parish tuition rates, **you must be an active member of St. Antoninus Church, attend mass regularly at St. Antoninus and use weekly church envelopes.** I verify that I qualify for the in-parish tuition rate. I understand that if I do not fulfill the above requirements, I will be charged the non-parish rate.
- Non- Parish Tuition Rate**-I verify that I am NOT an active member of St. Antoninus Church, and therefore do not qualify for parish tuition rates.

My signature below certifies that I am a custodial parent/guardian of the child named above, and the information given is true and accurate to the best of my knowledge. I understand, all registration fees paid are non-refundable. I also understand that my registration is not considered complete until I turn in the: birth certificate, baptism certificate, medical form, dental form, and register in FACTS.

Signature of Parent/Guardian_____Date_____

OFFICE USE ONLY:

Registration fee paid_____ Amount paid_____ Paid by cash or check_____ Check #_____