

Re - Registration 2024 - 2025

Family Name:				
Address:				
City:	State:	Zip Co	Zip Code:	
Phone:	Primary Email	Address:		
*Our family <u>will not be</u>	returning to SMA for the	e 2024-2025 school yea	ar	
	Student(s) In	formation		
First Name	Last Name	Date of Birth	Grade Level Next Y	
	Parent(s) Info	ormation		
Mother's Name:				
	First	Last		
Home Phone:	Cell Phone:			
Occupation:	Place of Employment:			
Business Address:	Work Phone:			

Father's Name:				
	First	Last		
Home Phone:		Cell Phone:		
Occupation:	Pla	Place of Employment:		
Business Address: _		Work Phone:		
Father's Email Addre	ess:			
Parent Status:		Child Lives With:		
Married		Both Parents		
Separated		Custodial Mother		
Divorced		Custodial Father		
Remarried		Custodial Parent & Step-Parent		
Parent Deceased		Other		
	Parishi	oner Status		
Catholic:	Non-Catholic:			
Parishioner of St. Mo	nica & St. Rosalie Par	rish: Non-Parishioner:		
What Parish do you b	pelong to?			

Non-Refundable Registration Fee

- Registration is \$100 per family if paid by March 1st, 2024
- Registration is \$150 per family if paid by March 17th, 2024
- Registration is \$200 per family if paid on/after March 18th, 2024
- Once this form is turned in, you will be billed the fee on FACTS.