



K-8 Enrollment Form

DATE OF REGISTRATION:

/ /

PARENT INFORMATION

Mother's Information

Full Name : Cell:
Address: City: State: Zip Code:
Email: Religion: Parishioner: Yes ☐ No ☐

Father's Information

Full Name : Cell:
Address: City: State: Zip Code:
Email: Religion: Parishioner: Yes ☐ No ☐

STUDENT INFORMATION

Full name : 1. Grade for 24-25: Gender: M F
Date of birth : / / City and State of birth:
School district in which student resides: Primary language:
Previous school name and address:
Baptized: Yes_____ No_____ If yes, Place, City and State
Student's Ethnicity: African American____ Asian____ Caucasian____ Hispanic____ Native American____ Pacific Islander____

Full name : 2. Grade for 24-25: Gender: M F
Date of birth : / / City and State of birth:
School district in which student resides: Primary language:
Previous school name and address:
Baptized: Yes_____ No_____ If yes, Place, City and State
Student's Ethnicity: African American____ Asian____ Caucasian____ Hispanic____ Native American____ Pacific Islander____

Full name : 3. Grade for 24-25: Gender: M F
Date of birth : / / City and State of birth:
School district in which student resides: Primary language:
Previous school name and address:
Baptized: Yes_____ No_____ If yes, Place, City and State
Student's Ethnicity: African American____ Asian____ Caucasian____ Hispanic____ Native American____ Pacific Islander____

Full name : 4. Grade for 24-25: Gender: M F

Date of birth : / / City and State of birth:

School district in which student resides: Primary language:

Previous school name and address:

Baptized: Yes_____ No_____ If yes, Place, City and State

Student's Ethnicity: African American_____ Asian_____ Caucasian_____ Hispanic_____ Native American_____ Pacific Islander_____

Payment Information

All payments and fees will be paid through the Blackbaud Tuition Management Program. Tuition collection begins in July.

Please Select One: Pay In Full (Due July) ☐ Pay Monthly ☐ Pay Quarterly ☐ Pay Semi-annually ☐

Primary Household

Please Select One: Both Mother and Father ☐ Mother ☐ Father ☐ Guardian ☐ Other

Please note: If custody is shared, please use the check boxes below to indicate who will receive all mailings including future re-enrollment forms, summer mailing packets, tuition payment information, and other fillable forms. A summer packet with back to school information can be mailed to the other parent upon request

PRIMARY MAILINGS - INLCUDING ALL FILLABLE FORMS AND TUITION BILLINGS

Mother ☐ Father ☐ Guardian ☐

SECONDARY MAILINGS - BACK TO SCHOOL INFORMATION PACKET

Mother ☐ Father ☐ Guardian ☐

How did you hear about us?

Please Select One:

Advertisement ☐ School Website/Internet ☐ Parish Bulletin ☐ Word of Mouth ☐ Facebook or Instagram ☐ Other

X _____ / /

Register Signature

Date

DATE RECEIVED:

/ /

For Office Use Only:

Re-enrollment Fee: \$_____

School Tuition: \$_____

School Book/Supply/Tech Fee: \$_____

Activity Fee: \$_____

Morning and After Care Enrollment: \$_____

Daily_____ Drop-in_____

Total:_____