



For Office Use

Date

STUDENT REGISTRATION -- Grades K-8
2011 - 2012

Table with 3 columns: First and Last Name of Child, Grade 2010-2011, Grade 2011-2012

FATHER:

Form for Father's information including Last Name, First Name, Middle Name, Address, Telephone, Occupation, Religion, and Parish Affiliation.

MOTHER:

Form for Mother's information including Last Name, First Name, Middle Name, Address, Telephone, Occupation, Religion, and Parish Affiliation.

2011-2012 BFC SIBLINGS:

Name & Grade Name & Grade

\*\*\* A copy of the CUSTODY AGREEMENT must be provided in divorce / separation situations. \*\*\*

ADMISSION REQUIREMENT: Children enrolled must have accident insurance coverage, either through their parents or legal guardians, or they must have accident insurance coverage through a policy available through the school.

TUITION CONTRACT AND AGREEMENT

PERSON RESPONSIBLE FOR TUITION PAYMENT: I agree to fulfill my student's total financial obligation; make timely tuition payments, as outlined on the 2011-2012 Tuition Payment Schedule; and to all Collection and Refund Policies, as outlined below.

Signature

Form for Billing Name and Address including First Name, Middle Initial, Last Name, Street, City, Zip, Telephone, and Social Security Number.

COLLECTION AND REFUND POLICIES:

- List of policies including: The \$150.00 Registration Fee is non-refundable. Payments not remitted by due date will be charged a \$30.00 Late Fee. \$25.00 NSF Fee will be assessed for any check returned for non-sufficient funding. 50% of the semester tuition is refundable up to the fourth week of the semester. Payments must be current if student is to begin second semester. Any student with a delinquent balance will be excluded from Registration for the next school year.

Referral Family

Date

## NEW STUDENT INFORMATION FORM 2011-2012

*Please complete for each Student registering at Guardian Angels School for the first time:*

- Please Provide:*
- 1) *Birth Certificate*
  - 2) *Baptismal Certificate*
  - 3) *Physical/Immunization Record*
  - 4) *Cert. of Naturalization / Permanent Resident Card, if applicable*
- Please Check One:*
- Kindergarten*
  - First Grade*
  - Other Grade*

**STUDENT'S NAME:** \_\_\_\_\_  
Last Name First Name Middle Name

**ADDRESS:** \_\_\_\_\_  
Street City Zip

**TELEPHONE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**STUDENT'S RELIGION:** \_\_\_\_\_

**SACRAMENT INFORMATION:** *(You must provide exact and complete data)*

	DATE	CHURCH	CITY & STATE
<b>BAPTISM</b>			
<b>1ST COMMUNION</b>			
<b>CONFIRMATION</b>			
<b>PENANCE PREPARATION</b>			

**SCHOOL LAST ATTENDED:** \_\_\_\_\_  
District

Address City Zip

**PHYSICAL OR EDUCATIONAL DIFFICULTIES:** *(Please check where applicable)*

- Hearing Impairment  Visual Impairment  
 Speech Difficulties  Other: Please specify: \_\_\_\_\_

Has your child ever been tested or observed for special needs? (i.e. ADD/ADDHD/L.D./etc.)  
 No  Yes: Please specify: \_\_\_\_\_

Has your child ever required or been recommended for special educational services?  
 No  Yes: Please specify: \_\_\_\_\_

Is there any information concerning your child which you feel we should be aware of?  
 No  Yes: Please specify: \_\_\_\_\_

**HOME LANGUAGE:** \_\_\_\_\_ If the child is foreign born, is she/he now a Naturalized Citizen of the USA?  Yes  No

**STUDENT'S ETHNIC HERITAGE:**

- Native Indian/Native Alaskan
- Black/African-American
- Native Hawaiian/Pacific Islander
- Arabic
- Hispanic
- Multi-Racial
- Asian
- White, Non-Hispanic

**I verify the information which I have completed to be true. I realize that omission or falsification of pertinent data or facts could cause my child to be excluded from Guardian Angels Catholic Schools.**

Signature of Parent/Guardian