

**Saint Alphonsus School**  
**NEW STUDENT 1<sup>st</sup> to 8<sup>th</sup> Grade 2011-2012**  
**Registration Form**

**NEW STUDENT  
GRADES 1-8**

**Please complete and return this form to school  
with Registration Fee and Yard Duty Fee**

\_\_\_\_\_ Family Last Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student Name

Grade in Sept 2011

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use:

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Date Recv'd \_\_\_\_\_

Number of Children \_\_\_\_\_ @ **\$180.00 each** = \_\_\_\_\_

Yard Duty Fee **\$50.00 per family** \_\_\_\_\_ + **50.00**

**TOTAL DUE** \$ \_\_\_\_\_

Parish Membership Status: (Please Check One)

\_\_\_\_\_ Sustaining Member of Parish (families that meet the Sunday offering requirement)

\_\_\_\_\_ Non-Parishioner and/or Non-Sustaining Member

Tuition Payment Options for 2011-2012 School Year: (Check One)

\_\_\_\_\_ Option One (Full Payment before July 1, 2011)

\_\_\_\_\_ Option Two (Two Payments through FACTS program)

\_\_\_\_\_ Option Three (Ten Monthly Payments through FACTS program)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Grades 1-8 (2011-2012) Application Form

Grade in Sept '11 \_\_\_\_\_

Male or Female \_\_\_\_\_

Child's Last Name \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month - Day - Year

Place of Birth \_\_\_\_\_  
City - State - Country

Home Phone # \_\_\_\_\_ Public School District of Residence \_\_\_\_\_

Name & Address of school transferring from \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Place of Birth \_\_\_\_\_  
First Middle Last

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address (if different from child)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Father's Home Phone # \_\_\_\_\_

Father's Work Phone # \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Place of Birth \_\_\_\_\_  
First Middle Maiden Last

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address (if different from child)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mother's Home Phone # \_\_\_\_\_

Mother's Work Phone # \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

## **Family Status:**

Number of older children \_\_\_\_\_ and/or younger children \_\_\_\_\_ in family.

## **Home Situation:**

\_\_\_\_\_ Two Biological Parents

\_\_\_\_\_ One Parent

\_\_\_\_\_ Mother/Stepfather

\_\_\_\_\_ Parents Separated or Divorced

\_\_\_\_\_ Father/Stepmother

\_\_\_\_\_ Other: Specify \_\_\_\_\_

If the child does not live with father or mother, please provide Guardian's information:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_

**- please turn page over -**

**St. Alphonsus Parish Membership Status:** (please check one)

\_\_\_\_\_ Sustaining Member of Parish (families that meet the Sunday offering requirement)

\_\_\_\_\_ Non-Parishioner and Non-Sustaining Members (please complete below):

Parish Where Registered \_\_\_\_\_

Non-Catholic \_\_\_\_\_

Date Applicant's Parents met with Msgr. Owens: \_\_\_\_\_

Signature/Comments of Msgr. Owens: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Baptism:**

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_

Church Address \_\_\_\_\_  
Street City State Zip

**Copy of Baptismal Certificate** (*if not baptized at St.Alphonsus*) \_\_\_\_\_ YES \_\_\_\_\_ NO

**Penance:**

Date of Penance \_\_\_\_\_ Church \_\_\_\_\_

Church Address \_\_\_\_\_  
Street City State Zip

**First Communion:**

Date of First Communion \_\_\_\_\_ Church \_\_\_\_\_

Church Address \_\_\_\_\_  
Street City State Zip

**Confirmation:**

Date of Confirmation \_\_\_\_\_ Church \_\_\_\_\_

Church Address \_\_\_\_\_  
Street City State Zip