Check Number_____

Parish of Registration		Scno	ol District Child/Childr	en Attend		
Parents La			irst Name	First Name		
		/	./	/	I	
Address		P.O. Box	City	Zip Code	Phone Number	
Email address			_ Cell phone number		(Mother)	
			Cell phone number		(Father)	
If you can't b	e reached in case of a	n emergency p	olease list another pers	on and phone nu	mber to call.	
Name		Phon	e Number			
Name of Students		Grade Date of Birth		n Studen	t Sunday Collection Envelope Yes or No	
	n have a current IEP (Individual Edu	ucation Plan) that we	 should be aware	of ? Yes or No	
If yes please list child's	s name/diagnosis					
		(na	ame)	(dia	gnosis)	
Signature		Please check if you can hel		can help Teac	p Teacher	
					stitute	
				-	per	
Religious Ed Fees—Pre	eschool through High	School:		You	th Group Events	
_	Parishioners		idents outside of All Sa	ints		
	\$70.00—one student		\$100.00—one student			
\$100.00-two students		'	\$130.00—two students	s		
	hree students (family		\$160.00-three student		m)	
	· •	-		Office Reference	-	
				Amount Paid		