

**Queen of All Saints School**  
**REGISTRATION**  
**2015 – 2016**

Dear Parent/Guardian:

Please complete this form and return it to school with the non-refundable registration fee of \$25.00 for **each** child. Returning this form **by Friday, April 24, 2015, guarantees a place will be held for your child/children.**

Enrollment is **limited.**

Mrs. Kim Gondeck  
Principal

**CURRENT STUDENT REGISTRATION**

<u>Last Name</u>	<u>First</u>	<u>Present Grade</u>	<u>Birthdate</u>	<u>15 - 16 Status</u>
_____	_____	_____	_____	Will return ___ Will Not ___
_____	_____	_____	_____	Will return ___ Will Not ___
_____	_____	_____	_____	Will return ___ Will Not ___
_____	_____	_____	_____	Will return ___ Will Not ___

**NEW STUDENT REGISTRATION**

<u>Last Name</u>	<u>First</u>	<u>Birthdate</u>	<u>Enrolling Into Grade</u>	<u>Religion of Student</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**The following information MUST be completed**

Family Name \_\_\_\_\_ Name of Parish \_\_\_\_\_ Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Name of Person Responsible for Tuition \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

WOULD YOU LIKE INFORMATION ABOUT POSSIBLE TUITION ASSISTANCE? \_\_\_\_\_ (Y or N)

For Office use Only

Family ID# _____	Payer Name _____
Amount Paid _____	Check#/Cash _____ Date received _____ Receipt # _____ Received by _____

If a student is transferring into QAS School from another elementary school, please list the name of the school:

\_\_\_\_\_