

All Saints Catholic School Grades K-8 REGISTRATION Form

2023-2024 School Year



All Saints
CATHOLIC SCHOOL

Family Name _____

Emergency Alert Preference Email _____
 Voicemail / Txt (_____)

Parent Information

1st Parent

Parent's First Name: _____ Parent's Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Email: _____
Occupation: _____ Employer: _____ Work Phone: _____
Religious Affiliation: _____ All Saints Parish
 Other Catholic Other Non-Catholic (please specify) _____
If you are not a member of All Saints Parish, (are Catholic) would you like information about registering? Yes No

2nd Parent

Parent's First Name: _____ Parent's Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Email: _____
Occupation: _____ Employer: _____ Work Phone: _____
Religious Affiliation: _____ All Saints Parish
 Other Catholic Parish Other Non-Catholic _____
If you are not a member of All Saints Parish, (are Catholic) would you like information about registering? Yes No

Marital Status of Parents: Married Divorced Single Parent Divorced/Remarried
Do court papers indicate Joint Custody/Shared Parenting? (If applicable) Yes No
(Please Note: Copies of Court Documents regarding custody of students must be on file at ASCS)
Child lives with: Mother and Father Mother Father Grandparents
 Mother and Step-Father Father and Step-Mother Other

Public School District Information

Public School District where you reside: _____
Name of Public Elementary School your child(ren) would be assigned to: _____

Service Hour Requirement

Grade K-8 Families are expected to be part of the ministry of the parish and school, and are required to serve a minimum of 40 volunteer hours per year. Service hours can be earned beginning March 1st through February 28th.

Preschool-8 Families: ALL FAMILIES are required to fully participate in the All Saints Daily Draw Fundraiser.

New Families: Are required to serve a minimum of 20 volunteer hours their first year.

School Directory

Note: A **School Directory** listing addresses, phone numbers, and class lists is revised yearly and sent home to all school families. If you would not wish information to be included in the **School Directory**, please check the appropriate box(es) below:

Do not list at all Do not list address Do not list home phone Do not list cell phone Do not list email

Student Information

Name of Student (please enter first and last name): _____

Student 1	Grade entering for 2023/24 School Year: _____ Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Religious Affiliation: <input type="checkbox"/> Catholic <input type="checkbox"/> Other (please specify) _____ Which Sacraments has your child received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation

Student 2	Name of Student (please enter first and last name): _____
	Grade entering for 2023/24 School Year _____ Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Religious Affiliation: <input type="checkbox"/> Catholic <input type="checkbox"/> Other (please specify) _____ Which Sacraments has your child received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	

Student 3	Name of Student (please enter first and last name): _____
	Grade entering for 2023/24 School Year _____ Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Religious Affiliation: <input type="checkbox"/> Catholic <input type="checkbox"/> Other (please specify) _____ Which Sacraments has your child received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	

FACTS Tuition	MUST CHOOSE ALL THAT APPLY	Extended Day Program	Extended Day Program is available to students between the hours of 2:30 pm until 5:30 pm at a rate of \$5.00 per hour , per student. This is billed by the half-hour. A \$50 Reg. fee must be paid in order to use this service.
	<input type="checkbox"/> I intend on using FACTS w/\$60 processing fee <input type="checkbox"/> I intend on paying in full by May 8, 2023 <input type="checkbox"/> I intend to pay part & use FACTS <input type="checkbox"/> I also have a registered preschool/preK student <input type="checkbox"/> I intend on applying for Ed Choice Scholarship		<input type="checkbox"/> I intend to use Extended Day <input type="checkbox"/> I DO NOT intend to use Extended Day

Required Documentation

A copy of student's Birth Certificate, Baptismal Certificate (if applicable), Emergency Medical Form, Authorization pick up form & Medical Forms.

Note: Due to the "Missing Children's Act" we cannot accept the hospital birth record

_____	_____	_____
<i>Print Parent's Name</i>	<i>Parent's Signature</i>	<i>Date</i>