

All Saints Catholic School

151 S. Grove Street Berlin, WI 54923

Phone: (920) 361-1781

Fax: (920) 361-7379

2008-09 Student Registration

Complete all sections of the registration form and submit it with the **non-refundable \$75.00 registration fee per child** to: All Saints Catholic School. Both the registration form and down payment are required to reserve a classroom assignment. Financial Assistance Applications are also available in the school office.

All Saints Catholic School welcomes students of all ethnic backgrounds, economic means, faiths and physical handicaps.

Date _____

Student's Name _____
(Last) (First) (Middle)

(Gender - please circle) Female Male **Grade Entering** _____

Student's Address _____
(Number and Street) (City) (State) (Zip Code)

Home Telephone _____ E-mail Address _____

Date of Birth _____ Place of Birth _____
(Month/Day/Year) (City) (State)

Physician _____ Dentist _____
Phone _____ Phone _____

Ethnic Background _____
(Confidential and for statistical reporting purposes only)

School you currently attend _____ Grade _____

Religion _____ Received: 1st Eucharist _____ 1st Reconciliation _____

Parish/Church _____

Student lives with (please circle) Parents Mother Father Relative/Guardian

Parents' Marital Status (please circle) Married Single Separated Divorced Widowed

If marked "separated" or "divorced" who will be responsible for paying tuition?

All Saints Catholic School offers a Christ-centered education that develops the academics, morals, and values needed for students to reach their full potential.

Oldest Student Information

Family Information

Information should be mailed to (if additional or different than student address)

(Name)

(Number and Street) (City) (State) (Zip Code)

Father: Name

(Last) (First) (MI)

Address (if different from student)

(Number and Street)

(City) (State) (Zip Code)

Occupation _____ **Employer** _____

Work Phone _____ **Cell Phone** _____

Mother: Name

(Last) (First) (MI)

Address (if different from student)

(Number and Street)

(City) (State) (Zip Code)

Occupation _____ **Employer** _____

Work Phone _____ **Cell phone** _____

Emergency Contact 1 / Telephone _____

Emergency Contact 2 /Telephone _____

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Additional Student Information

Second

Student's Name _____
(Last) (First) (Middle)

(Gender - please circle) Female Male **Grade Entering** _____

Date of Birth _____ **Place of Birth** _____
(Month/Day/Year) (City) (State)

Ethnic Background _____
(Confidential and for statistical reporting purposes only)

Received: 1st Eucharist ____ **1st Reconciliation** ____

Third

Student's Name _____
(Last) (First) (Middle)

(Gender - please circle) Female Male **Grade Entering** _____

Date of Birth _____ **Place of Birth** _____
(Month/Day/Year) (City) (State)

Ethnic Background _____
(Confidential and for statistical reporting purposes only)

Received: 1st Eucharist ____ **1st Reconciliation** ____

Fourth

Student's Name _____
(Last) (First) (Middle)

(Gender - please circle) Female Male **Grade Entering** _____

Date of Birth _____ **Place of Birth** _____
(Month/Day/Year) (City) (State)

Ethnic Background _____
(Confidential and for statistical reporting purposes only)

Received: 1st Eucharist ____ **1st Reconciliation** ____

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Tuition Information

Tuition Payment Plan:

Note: The tuition schedule is attached at the end of this Registration form. Payment options may be changed by contacting the school office

Please select an option	Payment Schedule Description	Payment Schedule
	1 annual tuition payment	Payment due Sept 1, 2008
	3 Trimester tuition payments	Payments due: Sept. 1, 2008 Dec. 1, 2008 and March 1, 2009
	11 Monthly payments	Payments due the 1 st of the month. Beginning in July, 2008 and ending in May 2009.

Individual Needs:

Does student(s) have any health concerns or special needs? If so, please list

Signature of Parent/Guardian

Date

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