

K-5 Registration Form



Please check if you would like more information about:

- Child Care Tuition Assistance Free/Reduced Lunch

FOR OFFICE USE:

Date Rcvd. _____
Book Fee _____

Please include a \$60.00 per student registration fee with this form.
This payment will be applied to tuition in 2018-2019.

STUDENT INFORMATION

Full Name (First/Middle/Last) Birth Date Preferred/Nick Name Grade
(2018-2019) Baptism Date/Church

Address: _____

City, State: _____ Zip: _____

FAMILY INFORMATION

Last Name of Family: _____

Father: _____ Email: _____ Primary Phone: (____) _____

Secondary Phone: (____) _____

Address (Street, City, State, Zip) **If different from student(s)**

Employer: _____ Occupation: _____ Wk Phone: (____) _____

Are you an alumnus of: All Saints Regis LaSalle Xavier HS Grad. Year _____

Mother: _____ Email: _____ Primary Phone: (____) _____

Secondary Phone: (____) _____

Address (Street, City, State, Zip) **If different from student(s)**

Employer: _____ Occupation: _____ Wk Phone: (____) _____

Are you an alumnus of: All Saints Regis LaSalle Xavier HS Grad. Year _____

Marital Status of Parents: Married Separated Divorced Widowed Single

Legal Guardian (if different than above):

Name Email: _____ Home Phone: (____) _____

Cell Phone: (____) _____

Address (Street, City, State, Zip)

Please List Siblings (youngest to oldest)

Full Name Birth Date Current School (including preschool) Grade

-over-

Registration Form Cont'd.

TRANSFERRING STUDENTS

Previous School(s) Attended _____

Grades Attended _____

Address of Previous School Attended _____

PARISH INFORMATION

All Saints I/we plan to join the parish I/we plan to complete RCIA at All Saints this year

St. Wenceslaus Immaculate Conception

Other Catholic Parish _____ Non-Catholic Church _____

If you or your child are not Catholic, are you interested in joining the Catholic Church? _____

Because of the generous support of All Saints Parish, tuition discounts are given to All Saints Parish members. If you wish to join All Saints Parish, please contact the church office at 363-6130.

ETHNICITY

The school is required to provide information for state and federal reports regarding the racial/ethnic composition of the student population. If you are willing, please check the racial or ethnic background of your child.

American Indian Asian/Pacific Islander Black, not Hispanic

Caucasian Hispanic Multi-racial Other _____

SCHOOL DISTRICT

Cedar Rapids Marion Linn Mar

Mount Vernon College Community Springville Other _____

List the public school your child would attend: _____

How did you hear about All Saints Parish School? _____

Signature of Parent(s) _____

Date _____