

For Office Use only:
Money Received: _____
Date _____ Check # _____

Family Code: _____

Assumption Catholic School
2010 – 2011 Family Registration Form



Please fill in all required fields.

Primary residence

Name: Ms. ___ Mr. ___ Mr. & Mrs. ___ _____

Home Address: _____ Home phone: _____

City _____ State _____ Zip Code _____

Primary e-mail: _____ Alternate e-mail: _____

This listing will be published in the school directory. Please notify the school in writing if you wish any information to remain non-published.

Parents are: () married () separated () divorced

Please select the one which best applies:

Student(s) live(s) with: _____ Father & Mother
_____ Father only* _____ Mother only*
_____ Father & stepmother* _____ Mother & stepfather*
_____ Other* (please state relationship) _____

****Documentation of custody is required.***

Father's name: _____ Religion: _____
First Last

Home Address _____
(only if different from above)

City _____ State _____ Zip Code _____

Occupation: _____ Place of employment: _____

Work address: _____ Work phone: _____

_____ Cell phone: _____

Graduate of Assumption Catholic School? NO _____ YES _____ Year _____

(If applicable)

Step Mother's Name _____ Religion _____

Occupation: _____ Place of employment: _____

Work phone: _____ Step Mother's Cell _____

Mother's name: _____ Religion: _____

First Last Maiden

Home Address _____

(only if different from above)

City _____ State _____ Zip Code _____

Occupation: _____ Place of employment: _____

Work address: _____ Work phone: _____

_____ Cell phone: _____

Graduate of Assumption Catholic School? NO _____ YES _____ Year _____

(If applicable)

Step Father's Name _____ Religion _____

Occupation: _____ Place of employment: _____

Work phone: _____ Step Father's Cell _____

Student #1

Student Name: _____ Grade Entering: _____ Male or Female

First Middle Last

Student's physician name: _____ Physician Phone #: _____

Student #2

Student Name: _____ Grade Entering: _____ Male or Female

First Middle Last

Student's physician name: _____ Physician Phone #: _____

Student #3

Student Name: _____ Grade Entering: _____ Male or Female

First Middle Last

Student's physician name: _____ Physician Phone #: _____

Student #4

Student Name: _____ Grade Entering: _____ Male or Female

First Middle Last

Student's physician name: _____ Physician Phone #: _____

Pick-up/Release

The person(s) named as the Emergency Contact has the parents' authorization to pick up the student(s) and to assume temporary care for the student(s). Other than the parents and the Emergency Contact, the following individuals are permitted to pick up the student(s) from Assumption Catholic School or from the After-School Care program:

Name: _____ Relationship to student(s): _____

Name: _____ Relationship to student(s): _____

Name: _____ Relationship to student(s): _____

Name: _____ Relationship to student(s): _____

Parents must notify the school in writing if anyone else will pick up the student(s). Picture identification may be requested.

At dismissal time the student(s) listed on this form will usually be:

_____ walking from school _____ attending After-School Care _____ picked up by car.

The driver will usually be: _____

Emergency Contacts:

Name _____ Phone _____ Relation: _____

Name _____ Phone _____ Relation: _____

Conditional Release

During the course of the school year we will take videos and photographs of classes, activities and events. We will use pictures to publicize the school, to make the school community aware of the scope of activities and to share videos and clips with other schools. Students' images may also appear in newspapers, website, and television.

_____ I DO give consent for photographs and/or video recordings of my child (ren) to be used by Assumption Catholic School for educational, instructional or promotional purposes and in the yearbook.

_____ I DO NOT give consent for photographs and/or video recordings of my child (ren) to be used by Assumption Catholic School for educational, instructional or promotional purposes, but I do give consent for photograph(s) of my child (ren) to be printed in the yearbook.

By signing and returning this form, with the registration payment, I understand that this reserves my child's space for the 10-11 school year. I attest that all information on this registration form is complete and accurate. I agree to provide all required student information, immunization records, transfer documents, and tuition and fees.

I understand that the registration of my child/children serves as my agreement to comply with all policies of Assumption Catholic School and the Diocese of St. Augustine.

There is a new family fee of \$200 and a registration fee of \$125 per child. These fees and all monies paid to the school are non-refundable.

Parent/Guardian's Signature:

_____ Date: _____

Person who is financially responsible for tuition and fees:

Signature of responsible party:

_____ Date: _____

To be eligible for the "In-Parish" tuition rates families must be registered and contributing members of Assumption Parish. This is determined by regular mass attendance shown by use of the parish envelope system.

New families must either bring a supporting parishioner letter from their current Pastor when registering at Assumption, or must be a member for six months prior to receiving "in-parish" status.