



RE-REGISTRATION 2012 - 2013

Check this box if you have recently changed your address or phone number.

DIRECTIONS: PLEASE INDICATE IN THE SPACE BELOW YOUR INTENTIONS REGARDING NEXT YEAR. IF YOU **WILL BE** RETURNING TO ALL SAINTS, PLEASE COMPLETE THE ENTIRE FORM. IF **NOT** RETURNING, PLEASE INDICATE THIS, **ALONG WITH THE REASON.**

PLEASE NOTE: IT IS IMPORTANT TO RETURN THIS FORM **NO LATER THAN MONDAY, FEBRUARY 15th**. A LATE FEE OF \$10.00 WILL NEED TO ACCOMPANY ANY FORMS RECEIVED AFTER FEBRUARY 15th. SINCE REGISTRATION OF NEW STUDENTS WILL BEGIN FEBRUARY 8th, IT IS IMPORTANT FOR ALL CURRENT FAMILIES TO SUBMIT THEIR FORMS BY THE 15th. *Please be sure that forms are complete. Incomplete forms will be returned.*

DATE: _____ FAMILY PARISH: _____

FAMILY NAME: _____ TELEPHONE: _____

ADDRESS: _____
NUMBER STREET CITY COUNTY ZIP

(✓one)	My child(ren) will not be returning to All Saints in the Fall. First name(s) of student(s) not returning:
Check or give reason, if not returning.	
<input type="checkbox"/> Academic <input type="checkbox"/> Disciplinary <input type="checkbox"/> Financial <input type="checkbox"/> Moving <input type="checkbox"/> Transportation <input type="checkbox"/> Other	
For other, please specify reason: _____ School child will be attending: _____	
My child(ren) will be returning to All Saints School in the fall. (Please list children below & grades for 2012-2013, including newly registered students Pre-K through 8th.)	
I have conferenced with Mr. Conroy and received authorization for a delayed decision.	

(If not returning, it is not necessary to complete the remainder of the re-registration form, just sign the back of the form.)

STUDENT NAME(S)	GRADE(S) FOR 2012-2013

PARENT/GUARDIAN INFORMATION FOR RETURNING FAMILIES

Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Title: Mrs Ms Dr Other _____ Name: _____ Address (if different): _____ Phone (if different): _____ Occupation: _____ Employer: _____ Work Phone: _____ Cell Phone: _____ Pager: _____ E-mail Address: _____ Religion: _____ *Marital Status: _____	Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Title: Mr. Dr. Other _____ Name: _____ Address (if different): _____ Phone (if different): _____ Occupation: _____ Employer: _____ Work Phone: _____ Cell Phone: _____ Pager: _____ E-mail Address: _____ Religion: _____ *Marital Status: _____
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* Please be specific: M = Married ♦ S = Single (never married) ♦ SE = Separated ♦ D = Divorced ♦ DR = Divorced & Remarried ♦ W = Widowed or ♦ WR = Widowed & Remarried

PARENTAL AUTHORIZATIONS AND AGREEMENTS

*(Please initial the following statements acknowledging that you have read each statement.)
If you have any questions, please feel free to call us at (703) 393-1490.*

Please initial I understand that if my child(ren) are under legal custody of either parent or guardian the custody papers are expected to be on file in the school office. copies are attached copies are already on file and there have been no changes Not applicable.

Please initial I have completed and returned the Tuition Agreement and SMART application. I understand that these forms are a required part of the re-registration process. (Note: If you choose to pay the full year tuition and receive a 5% tuition discount, payments must be received by the school office no later than Thursday, May 31st 2012.) **Reminder: both parents are asked to sign the Tuition Agreement.**

Please initial I have enclosed the re-registration fee of \$125 payable to All Saints School.

Please initial I have registered my K-8 child(ren) for Extended Day so that they will be well cared for in the event that after-school activities or other emergencies make it impossible for me to pick them up within fifteen minutes of dismissal. The registration form is enclosed. I agree to pay for this childcare.

Please initial I have enclosed the Health Information Form (one for each child).

Please initial I have completed and returned the Points-for-Parents Contract.

Please initial I am a registered parishioner of _____. I have enclosed or requested a written verification of registration from my parish office, (if registered in another parish).

Please initial *If my child(ren) were attending public school for the 2012 – 2013 school year, they would attend the following public school(s): (Please list school and how many students from your family would attend each Elementary, Middle, and/or Jr. High school.)

** The information in this item is needed for completion of surveys and reports required by the Diocese, City, County, and State. This information is being gathered for statistical purposes only. If you do not know which school your child would attend, please check with neighbors or with the school district in which you reside.*

Please use this area as your check off to insure that all necessary items for re-registration have been completed.

Re-Reg. Fee Tuition Agreement SMART App. Ex-Day Reg. Health Info. Form Points Contract Late Fee (if applicable)

This application is complete and all of the above items are enclosed or initialed.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

DATE REC'D: _____

\$105 Fee Tuition Agreement SMART App. Ex-Day Reg. Health Info. Parish Verification P4P Contract Late Fee

Re-Registration check # _____ Date _____ Amount _____

Comments: _____