



REGISTRATION FORM - SAINT AGNES SCHOOL

Please circle grade applying for: Pre-3, Pre-4, K, 1, 2, 3, 4, 5

Note: A separate Registration Form must be used for each prospective student and be accompanied by a non-refundable registration fee of \$50.00. Please make registration checks payable to FACTS.

**Office only: Date Received: _____

<u>Student Information</u>	<u>Family Contact Information</u>
Name Called By _____ Child's Last Name _____	Address: _____
First Name _____ Middle Name _____	_____
Birth Date _____ Age _____ Gender _____	Telephone Number(s) _____
Birthplace: _____	_____
Parish or Church Attending: _____	E-mail Address of Responsible Billing Party : _____

From: _____
 (Name of Previous School) (City, State, Zip)

How did you learn about our school? _____

Parent Information

<u>Father</u>	<u>Mother</u>
_____ (Last Name)	_____ (Last Name) _____ (Maiden Name)
(First Name) _____ (Middle Name) _____	(First Name) _____ (Middle Name) _____
Called By: _____	Called By: _____
_____ E-mail Address	_____ E-mail Address

Father	Occupation	Mother
	Place of Employment	
	Business Phone	
	Birthplace	
	Level of Education	
	Date of Birth	
	Religion	
	Marital Status	

Student Lives With: _____
 (State How Related)

Sacrament	Date	Church and Location
Baptism		
First Reconciliation		
First Communion		

Does your child have any physical conditions, learning differences, or any other conditions that would require accommodations? _____