



2020-2021 RE-ENROLLMENT FORM

SCHOOL OFFICE only
Registration Fee Received:
Check # _____
Check Amt _____
Date _____
Initials _____

STUDENT/FAMILY INFORMATION

(FIRST NAME)	(LAST NAME)	(ADDRESS)	(GRADE /PRE-K PROGRAM ENTERING)	(MALE/FEMALE)	(DATE OF BIRTH)

☐ Please check here if the Parent/Guardian information has not changed (skip section below).

Father/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)
Address: _____
(STREET) (CITY) (ZIP)
Phone: _____
(HOME) (MOBILE)
Email: _____
Relationship to Student: _____
Employer: _____ Phone: _____
Occupation: _____
Marital Status: _____

Mother/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)
Address: _____
(STREET) (CITY) (ZIP)
Phone: _____
(HOME) (MOBILE)
Email: _____
Relationship to Student: _____
Employer: _____ Phone: _____
Occupation: _____
Marital Status: _____

If divorced/separated, is there joint custody? ☐ Yes ☐ No If No, are visitation rights permitted to non-custodial parent? ☐ Yes ☐ No
Student lives with: (select all that apply) ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other _____

MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website.
(select one) ☐ Yes ☐ No

EMERGENCY CONTACTS (Non-Parent or Non-Guardian)

(NAME)	(DAYTIME PHONE)	(RELATIONSHIP)

**Please include the following to complete registration: \$200 registration fee per family.
Make check/money order payable to Assumption Catholic School.**

SIGNATURES

I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the school handbook including the tuition policy.

Parent/Guardian _____ Date _____ Parent/Guardian _____ Date _____

Our Catholic schools admit students without regard to race, creed or color.