

**ST. AUGUSTINE SCHOOL
FAMILY REGISTRATION
2009 - 2010**

Parent/Guardian: _____
Last First

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Email (optional): _____

Returning to St. Augustine School? Yes ___ No ___ School District: _____

Are you a St. Augustine Parishioner? Please see attached sheet for consideration.

No: ___ Yes: ___ Envelope # _____

If not, are you a registered member of another Blue Water Vicariate Parish?

No: ___ Yes: ___ Name of Parish: _____ Envelope # _____

Registering for 2009 – 2010 School Year

If kindergarten... ___ ½ day OR ___ Full day

<u>Student's Name</u>	<u>Grade 2009 – 2010</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please return this registration form and a deposit of \$55.00, per student. (Registration fee is non-refundable).
Thank-you.***

Payment Plan

Please check: _____ In full...at time of registration
_____ Monthly Payment...due the 15th of each month, **final payment
due May 15, 2010**

In registering my child(ren) in St. Augustine School, I agree to...

- *support and adhere to all policies, procedures, and functions of the school.
- *make timely tuition payments as indicated above.
- *become actively involved in the life of the school and parish by
volunteering time and talent to school activities.

Registration form requires BOTH parents signature.

Signature of Father or Legal Guardian: _____

Signature of Mother or Legal Guardian: _____