

ALL SAINTS SCHOOL

PRE-REGISTRATION FORM

Please fill in the entire form.

*School Year Applying for: _____

Family Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Home e-mail address _____

Registered parishioner?* yes no If yes, indicate envelope number _____

If no, indicate church attended _____

Local public school district of residence _____

Current school/pre-school (if applicable) _____

Any previous connection with All Saints Parish? _____

Part 1

The following student(s) from our family are interested in enrolling at All Saints School.

Name (Last name, first name)	Current grade	Grade applying for:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If a **kindergarten** student, please indicate preferred session. full-day a.m. session

Age _____ Date of birth _____

Name of pre-school _____ How long did the child attend? _____

A NON-REFUNDABLE FEE OF \$100 PER CHILD WILL BE DUE

When your child(ren) is accepted at All Saints School.

Part 2

Father's Name _____ Phone _____

Address _____

City, State, Zip _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Mother's Name _____ Phone _____

Address _____

City, State, Zip _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Part 3

Will you be relocating soon? yes no If yes, anticipated moving date _____

Will you be registering in All Saints Parish? yes no If yes, when? _____

