

ST. DOMINIC RETURNING FAMILY REGISTRATION 2019/2020

(Please complete either top or bottom area and **clearly print** all information.)

Mother's Name _____ Father's Name _____

First Last
First Last

Address _____ Primary Phone _____

Mother's e-mail: _____ Father's e-mail: _____

CHILDREN LIVE WITH (check one):

Both parents in same home
 Mother
 Father
 Legal guardian
 Both parents separate homes (shared parenting) Address for student records _____

ARE YOU A REGISTERED MEMBER OF ST. DOMINIC PARISH? Yes No

	Child's Full Name <i>Last, First, Middle</i>	Sex <i>M/F</i>	Grade for 2019/20	Birth Date <i>Month/Day/Year</i>	Applying for: EdChoice Scholarship
1.	_____	_____	_____	_____	[] Yes [] No
2.	_____	_____	_____	_____	[] Yes [] No
3.	_____	_____	_____	_____	[] Yes [] No
4.	_____	_____	_____	_____	[] Yes [] No
5.	_____	_____	_____	_____	[] Yes [] No

Parent/Guardian Signature _____ Date _____

Please note that information regarding the Fr. James Walsh Scholarship will be mailed to each family within the next few weeks.

To avoid a late fee, return this registration form by 3 p.m. on 2/22/19 along with \$100 per child non-refundable registration fee to St. Dominic School. Office hours are 7:30 am to 3:30 pm.

Please make separate checks for registration and tuition.

Current Preschool students must fill out either a Preschool or K-8 Registration Form: *Preschool Registration Form (another year of Preschool) or a K-8 Registration Form (moving to Kindergarten).*

NEW STUDENTS Preschool through 8th grade: *Please fill out either a Preschool Registration Form or a K-8 Registration Form included in this packet. All necessary documents must accompany the forms.*

Note: Registration and EdChoice Scholarship applications will not be accepted unless all documents are included (or on file with the school office) and the registration fee has been paid.

OFFICE USE ONLY:

Registration fee paid on: Date _____ Amount _____ Cash _____ Check _____

If your children are NOT RETURNING to St. Dominic School for the 2019/2020 school year, please fill out the following portion, sign, and return.

Child's Name	Grade 2019/20	Receiving School
_____	_____	_____
_____	_____	_____

Parent or Guardian Signature _____ Date _____