St. Mary-St. Augustine Catholic School
Pre-Registration Form – 2008-09 School Year

Family Name: _____ Phone: _____

Address: _____ _____ _____
Street Address City Zip code

Student Name	Grade level in 2008-2009	Birth date	Social Security Number	Public School this child would attend.

Complete this section if the child/ren live(s) at home with the parent(s).

Father's Name: _____ Phone: _____
Last First Middle

Religion: _____ Name of Church attended: _____

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Mother's Name: _____ Phone: _____
Last First Middle

Religion: _____ Name of Church attended: _____

Complete this section if the child/ren live(s) with someone other than the parent(s).

Guardian's Name: _____ Phone: _____
Last First Middle

Religion: _____ Name of Church attended: _____

For Office Use Only

Amount received: _____ by _____ Date: _____ Check # _____ Cash _____

Registration form and fees due no later than March 14, 2008.
Registration fee per FAMILY $50.00.
Other fees and tuition will be billed at a later date.