



Student Registration

Family Last Name

Student First Name

Student Last Name (if different from family)

Gender

Grade in the Fall

Date of Birth

Country of Birth

District of Residence

Home Address

City, State, Zip

Mailing Address (if different)

Home Phone

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African America
- Native Hawaiian/other Pacific Islander
- White

Emergency Contact #1 Name & Relationship to Student

Phone Number

Emergency Contact #2 Name and Relationship to Student

Phone Number

Doctor (Name, address and phone)

Dentist (Name, address and phone)

Special Medical Considerations

Allergies

Father Last Name	Mother Last Name
Father First Name	Mother First Name
Father Employer	Mother Employer
Father Cell Phone Number	Mother Cell Phone Number
Father Home Phone Number	Mother Home Phone Number
Father Work Phone	Mother Work Phone
Father Email address	Mother Email address

Student's Religion

Home Parish & Location

Baptized Yes No

Baptism Date (if applicable)

Baptism Church & Location

First Reconciliation Yes No

Date (if applicable)

First Reconciliation Church and Location

First Holy Communion Yes No

Date (if applicable)

First Holy Communion Church and Location

Additional email address

Additional email address

This agreement is made between St. Ambrose School and me, the undersigned parent, guardian or other party responsible for the payment of all tuition charges.

Students Entering Full Day Pre-K

Student First Name	Student Last Name	Grade in 2019-2020	Tuition*
			\$6,800
			\$4,800
			\$3,400

Students Entering Kindergarten

Student First Name	Student Last Name	Grade in 2019-2020	Tuition*
			\$5,750

Grades 1-6

Student First Name	Student Last Name		Tuition*
			\$5,250
			\$9,275
			\$12,370
			\$15,500

I agree to pay the total tuition charge of:

Pre-K	\$
Kindergarten	\$
Grades 1-6	\$
Total	\$

Does any child listed above have an IEP?

Yes, please answer below No

Child

School District

I will remit the tuition payment as follows: (please check one option)

Payment plan made through school office (see Mrs. Sano)

Payment to be made in full no later than August 1, 2019

Ten payments to be made through FACTS beginning August 2019

I am applying for financial aid in the amount of \$_____. I understand that I will be notified if I am eligible in June. Until notified, I understand the tuition is the full tuition amount.

Please be advised this contract holds a spot for your child. There will be no refunds for vacations taken during the school year.

It is the tuition policy of the Albany Diocesan School Board to prohibit a student from entering class on the opening day of school if tuition payments are not current in accordance with the enrollment contract.

Parent, Guardian or Responsible Party Signature

Date

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Principal Signature

Date

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Non-refundable registration fee of \$100 per child or \$175 per family is due at the time of registration. Please return this application, along with a copy of your child's birth certificate, Baptismal certificate (if applicable) and most recent report card (if applicable)