

Cash/Check # _____
 Date: _____

GUARDIAN ANGELS CATHOLIC SCHOOL

521 East Fourteen Mile Road, Clawson, Michigan 48017
 Telephone (248) 588-5545 Fax (248) 589-7356 www.gaschool.com

For Office Use

**STUDENT REGISTRATION -- Grades K-8
 2019 - 2020**

First and Last Name of Child	Grade 2018-2019	Grade 2019-2020

FATHER:

Last Name _____ First Name _____ Middle Name _____
 ADDRESS: Street _____ City _____ Zip _____
 TELEPHONE: Home _____ Work _____ Email _____
 OCCUPATION: _____ PLACE OF EMPLOYMENT: _____
 RELIGION: _____ PARISH AFFILIATION: _____

MOTHER:

Last Name _____ First Name _____ Middle Name _____
 ADDRESS: Street _____ City _____ Zip _____
 TELEPHONE: Home _____ Work _____ Email _____
 OCCUPATION: _____ PLACE OF EMPLOYMENT: _____
 RELIGION: _____ PARISH AFFILIATION: _____

*** A copy of the CUSTODY AGREEMENT must be provided in divorce / separation situations. ****

TUITION CONTRACT AND AGREEMENT

PERSON RESPONSIBLE FOR TUITION PAYMENT: I agree to fulfill my student's total financial obligation; make timely tuition payments to **FACTS Tuition Management Company**, as outlined on the 2019-2020 Tuition Payment Schedule; and to all Collection and Refund Policies, as outlined below.

Signature

BILLING NAME: _____
 First Name _____ Middle Initial _____ Last Name _____

BILLING ADDRESS: _____
 Street _____ City _____ Zip _____

TELEPHONE: _____ Home _____ Work _____ SOCIAL SECURITY NUMBER: _____ XXX-XX-_____

Please choose a payment plan:

_____ **Pay in Full (Due July 1, 2019)** _____ **10 Payments (July-April)**
 _____ **2 Payments (July 1 & Dec. 1)** _____ **12 Payments (July-June)**

COLLECTION AND REFUND POLICIES:

- **\$150.00 Registration Fee on/before March 29th, \$200.00 Registration Fee March 30 – May 1st, \$250.00 Registration Fee after May 1, 2019**
- **\$50.00 Technology Fee due at registration**
- **Registration fees are non refundable**
- Payments will be collected by **FACTS Tuition Management Company**.
- Registration is not complete until you have set up an account with **FACTS Management**.
- 50% of the semester tuition is refundable up to the fourth week of the semester.
- Payments must be current if student is to begin second semester.
- Any student with a delinquent balance will be excluded from Registration for the next school year. Diplomas, report cards and transcripts will not be given or transferred until all accounts are current. A past due balance of 90 days is grounds for removal.

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Empty rectangular box for Referral Family information.

Referral Family

NEW STUDENT INFORMATION FORM
2019-2020

Please complete for each Student registering at Guardian Angels School for the first time:

- Please Provide: 1) Birth Certificate
2) Baptismal Certificate
3) Physical/Immunization Record
4) Cert. of Naturalization / Permanent Resident Card, if applicable

STUDENT'S NAME: Last Name First Name Middle Name

ADDRESS: Street City Zip

TELEPHONE: DATE OF BIRTH: SEX:

STUDENT'S RELIGION: PUBLIC SCHOOL DISTRICT:

SACRAMENT INFORMATION: (You must provide exact and complete data)

Table with 4 columns: Sacrament, Date, Church, City & State. Rows include Baptism, 1st Communion, Confirmation, and Penance Preparation.

SCHOOL LAST ATTENDED: District
Address City

Is there any information concerning your child which you feel we should be aware? No Yes:

Please specify:

HOME LANGUAGE: If the child is foreign born, is she/he now a Naturalized Citizen of the USA? Yes No

STUDENT'S ETHNIC HERITAGE: Native Indian/Native Alaskan Arabic Asian
Black/African-American Hispanic White, Non-Hispanic
Native Hawaiian/Pacific Islander Multi-Racial

I verify the information which I have completed to be true. I realize that omission or falsification of pertinent data or facts could cause my child to be excluded from Guardian Angels Catholic Schools.

Signature of Parent/Guardian