

|                                   |
|-----------------------------------|
| Cash/Check # _____<br>Date: _____ |
|-----------------------------------|

**GUARDIAN ANGELS CATHOLIC SCHOOL**

**Please Mark Your Days:**  
**M** \_\_\_ **T** \_\_\_ **W** \_\_\_ **Th** \_\_\_ **F** \_\_\_  
 / = half day    X = full day

For Office Use

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

**STUDENT REGISTRATION -- PRE-SCHOOL  
2019 - 2020**

| First and Last Name of Child | Age as of<br>Sep. 1, 2019 | Grade<br>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:**

|   |                                       |
|---|---------------------------------------|
| _____ <b>Pay in Full (Due July 1, 2019)</b>   | _____ <b>10 Payments (July-April)</b> |
| _____ <b>2 Payments (July 1 &amp; Dec. 1)</b> | _____ <b>12 Payments (July-June)</b>  |

**COLLECTION AND REFUND POLICIES:**

- **\$150.00 Registration Fee on/before March 29<sup>th</sup>, \$200.00 Registration Fee March 30 – May 1<sup>st</sup>, \$250.00 Registration Fee after May 1, 2019.**
- **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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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) *Physical/Immunization Record*
- 3) *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:** \_\_\_\_\_

**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