

Cash/Check # _____
Deposit \$ _____ Fee \$ _____
Date: _____

**GUARDIAN ANGELS CATHOLIC SCHOOL**

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

For Office Use

**STUDENT REGISTRATION -- Grades K-8  
2020 - 2021**

Student Name (First and Last)	Date of Birth	Grade 2019-2020	Grade 2020-2021

**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 2020-2021 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:	SOCIAL SECURITY NUMBER: XXX-XX-		

**Please choose a payment plan:**

<u>      </u> Pay in Full (Due July 1, 2020) 2% Discount	<u>      </u> 10 Payments (July-April)
<u>      </u> 2 Payments (July 1 & Dec. 1)	<u>      </u> 12 Payments (July-June)

**COLLECTION AND REFUND POLICIES:**

- \$150.00 Registration Fee on/before March 31<sup>st</sup>, \$200.00 Registration Fee April 1<sup>st</sup> – May 1<sup>st</sup>, \$250.00 Registration Fee after May 1, 2020
- \$50.00 Technology Fee per student in grades K-8 is due September 1st and will be added to FACTS billing.
- Registration fees are non refundable and must be paid using cash or check.
- 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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NEW STUDENT INFORMATION FORM
2020-2021

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: GENDER:

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/Latino 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

Date