

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

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

For Office Use

**STUDENT REGISTRATION -- PRESCHOOL
 2020 - 2021**

Student Name (First and Last)	Date of Birth	Grade (Pre3/Pre4)

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:

_____ **Pay in Full (Due July 1, 2020)** 2% Discount _____ **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 31st, \$200.00 Registration Fee April 1st – May 1st, \$250.00 Registration Fee after May 1, 2020.
- 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.

GUARDIAN ANGELS CATHOLIC SCHOOL

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

**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) *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: _____ **GENDER:** _____

STUDENT'S RELIGION: _____ **PUBLIC SCHOOL DISTRICT:** _____

SCHOOL LAST ATTENDED: _____
Address City (District)

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