St. Mary—St. Augustine School

1900 West Belle Street
Belleville, IL 62226
(618) 234-4958 * Fax: (618) 234-3360

Student Registration Form – 2010-11 School Year

Family Name: _____ Phone: _____

Address: _____ _____ _____
Street Address City Zip code

E-Mail Address:_____

Student Name	Grade Level in 2010-2011	Birth Date	Social Security Number	Public School this child would attend.

Complete this section if the child/ren live(s) at home with the parents(s)

Father's Name:_____Phone:_____
Last First Middle
Religion:_____Name of Church attended:_____

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Mother's Name:_____ Phone_____
Last First Middle

Religion:_____Name of Church attended:_____

Complete this section if the child/ren live(s) with someone other than the parent(s).

Guardian's Name:_____Phone:_____
Last First Middle
Religion:_____Name of Church attended:_____

For Office Use Only

Amount received:_____by_____Date:_____Check#_____Cash_____
# of Children_____ Registration_____ _____ Book Fees: _____ _____
Amt. Due Amt. Paid Amt. Due Amt. Paid

Registration form and fees due at time of registration. Registration fee per Family is $50.00. Other fees and tuition will be billed at a later date.