St. Mary-St. Augustine Catholic School
Pre-Registration Form – 2009-10 School Year

____ Yes, we are registering for the 2009 -2010 School Year

____ We are still uncertain at this time

____ No, we will not be attending the new school in the fall

Family Name: _____ Phone: _____

Address: _____ _____ _____
Street Address City Zip code

Student Name	Grade level in 2009-2010	Birth date	Social Security Number	Public School this child would attend.

Complete this section if the child/ren live(s) at home with the parent(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** _____

Registration form and fees due no later than April 1, 2009.
Registration fee per FAMILY $50.00.
Other fees and tuition will be billed at a later date.