



RE-REGISTRATION FORM

ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: Saint Augustine Catholic School Date: _____

School Year: 2019-2020 Registering for Grade: _____

Information for Student Requesting Re-registration

Student Name: _____
Last First M.I. (Jr., III)

Home Address: _____
Street Address Suite #

_____ *City State ZIP Code*

Email Address: _____
Please provide an email address where all official school communication may be sent.

Family Information

Mother

Father

Full Name _____

Maiden Name _____

Country of Birth _____

Home Address _____

Home Phone () - _____

Cell Phone () - _____

Preferred Email _____

Occupation _____

Employer _____

Work Phone () - **Ext.** _____

Religion _____

Parish/Church _____

Parents' Marital Status: Single Married Separated* Divorced*

Please check all that apply Mother Deceased Mother Remarried Father Deceased Father Remarried

The following information is optional but helpful when completing census data for grants and the National Catholic Educational Association (NCEA) Data Bank. This information is not used in any way to determine admission and each label is adopted directly from the U.S. Census Bureau.

Race of the Student: *Please check ✓ one of the following*

- Asian Native Hawaiian/ Pacific Islander White
- Black American Indian/ Native Alaskan Two or more races

Ethnicity of Student: *Please check ✓ one of the following*

- Hispanic Non-Hispanic

*** NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

Student lives with: Mother and Father Mother Only Father Only Part-time with Mother, Part-time with Father
 Legal Guardian (*Please complete the information below*):

Full Name _____

Country of Birth _____

Home Address _____

City, State, & ZIP _____

Home Phone () - _____ Cell Phone () - _____

Preferred Email _____

Occupation _____

Employer _____

Work Phone () - _____ Ext. _____

Religion _____

Parish/Church _____

Person responsible for Tuition/Fee Payments: (*Please complete the information below*)

Name _____

Address _____

City, State, & ZIP _____

Phone () - _____ Email _____

Emergency Contact Information

Please list the names of two adults who should be contacted in the event of an emergency if parent(s)/guardian cannot be reached

Contact #1: _____

Last *First* *M.I.* *(Jr., III)*

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address *Suite #*

Home Phone () - _____ Other Phone () - _____ **Ext.** _____

City *State* *ZIP Code*

Contact #2: _____

Last *First* *M.I.* *(Jr., III)*

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address *Suite #*

Home Phone () - _____ Other Phone () - _____ **Ext.** _____

City *State* *ZIP Code*

Parent/Guardian Acknowledgment and Request for Re-registration

I/We, the undersigned parent(s), understand and acknowledge that this re-registration request does not guarantee our child's registration at **Saint Augustine Catholic School** for the School Year **2019-2020**. I/We understand and acknowledge that registration is contingent upon compliance with all applicable policies and procedures regarding archdiocesan and school-based registration, including, but not limited to, health examinations and immunizations. By the first day of the next school year, all students in Catholic schools in the Archdiocese are to be immunized in accordance with the immunization requirements and the guidelines of the Archdiocese. Exemptions are provided only on a temporary basis to those with a physician-documented medical contraindication.

I/We understand and acknowledge the Roman Catholic religious nature of the school from which our child is requesting registration. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/we will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the student shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the student, I/we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and **Saint Augustine Catholic School**. I/We hereby confirm that the following documents, required to be considered for re-registration, including the non-refundable re-registration fee of **\$375.00**, accompany this form:

AT THE BEGINNING OF THE 2019-2020 SCHOOL YEAR,
ALL RE-REGISTERED STUDENTS MUST SUBMIT THE FOLLOWING:

- Technology and Internet Usage Agreement
- Transportation Permission Form
- Publicity Release Form
- All current evaluations/assessments and special education plans *(If Applicable)*
- Allergy Action Plan *(If Applicable)*
- Copy of current custody order, or other applicable court orders *(If Applicable)*

We hereby acknowledge that all the information contained in this RE-REGISTRATION FORM and the accompanying documents is accurate and truthful. I/We agree to pay all of applicant's tuition and fees when due.

Names of Parents/Guardians:

_____ *Mother*

_____ *Father*

Signatures:

_____ *Sign and date*

_____ *Sign and date*

*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

STUDENT RE-REGISTRATION REVIEW FORM

OFFICE USE ONLY

Applicant Name: _____
Last *First*

Principals: Re-Registration are not reviewed until the Re-registration Fee is paid and ALL documentation received, except immunization documentation is due by first day of school.

Re-registration must be signed by both parents. If parents are not married, all persons with legal authority to make educational and religious decisions on behalf of the applicant must sign the application.

Check ✓ and Date when each item is received and verified

- All Re-registration Documents Reviewed: _____
- Re-registration Fee Paid: _____

If Applicable:

- Allergy Agreement : _____
- Custody Decree: _____

TUITION: Catholic Non-Catholic

STATUS: Accepted: _____ Denied: _____

Grade: _____ Room Number: _____

Homeroom Teacher: _____

PERSON RESPONSIBLE FOR TUITION/FEEES PAYMENT

Name: _____

Address: _____

Phone Number: _____

NOTES: _____

