



# St. Edward

CATHOLIC CHURCH AND SCHOOL

## SCHOOL REGISTRATION Kindergarten – 5<sup>th</sup> Grade 2020-2021

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### Family Information

Family Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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### Student Information

1. Student's Full Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2. Student's Full Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

3. Student's Full Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

4. Student's Full Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

5. Student's Full Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

6. Student's Full Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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**Transportation**

Will you use the Harrison County Bus Service? \_\_\_\_\_ YES \_\_\_\_\_ NO

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**Tuition and Fees**

<u>Tuition</u>	<u>Parishioner</u>	<u>School Family</u>
One Student	\$3,100	\$3,700
Two Students	\$4,300	\$5,000
Three Students	\$5,100	\$5,900
Four or more	Contact the Pastor	

Registration Fee before April 1<sup>st</sup>: \$100 per student (non-refundable)

Registration Fee after April 1<sup>st</sup>: \$150 per student (non-refundable)

Student Fee: \$250 per student (Book Fee \$150 + Technology Fee \$100 (Due at the time of Registration))

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**Parent/Guardian Agreement**

I, the parent or guardian, agree that I am responsible for paying tuition and fees to Saint Edward School for the child(ren) listed above.

I will pay tuition: \_\_\_\_\_ Ten payments (August through May)

\_\_\_\_\_ Half in August & Half in June

\_\_\_\_\_ Full in August

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Important Notice: If you are registering a child for Kindergarten or transferring them from another school, please review and complete the Kindergarten/Transfer Student Information Form.

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**(Institutional Use Only)**

Registration Fee      Amount paid \_\_\_\_\_      Date: \_\_\_\_\_

Student Fee      Amount paid \_\_\_\_\_      Date: \_\_\_\_\_

Check # \_\_\_\_\_