



HOLY ANGELS SCHOOL
ARCADIA, CALIFORNIA

**REGISTRATION FORM
2018-2019 SCHOOL YEAR**

LAST NAME _____ FATHER _____ MOTHER _____

GR: _____ STUDENT'S FIRST NAME _____ Birth Date _____

GR: _____ STUDENT'S FIRST NAME _____ Birth Date _____

GR: _____ STUDENT'S FIRST NAME _____ Birth Date _____

Home Street Address _____ City _____ Zip Code _____

Home Phone _____

Father's Cell Phone _____ Father's Work Phone _____ **E-Mail Address** _____

Mother's Cell Phone _____ Mother's Work Phone _____ **E-Mail Address** _____

- Students reside in the above address with both parents Mother Father (please provide information below for parent not living at the above address)

Home Street Address _____ City _____ Zip Code _____

Home Phone _____

*The Holy Angels School Student Directory is distributed to all school families and will contain **all** of the above information unless you indicated otherwise.*

If you wish to withhold all or part of your listing, please mark appropriately below.

_____ Please withhold our information from the school directory **entirely**.

_____ Please **withhold** the following information from the school directory: _____

1. The home in which you reside is located within the parish boundaries of (not necessarily the parish where you attend mass or are registered in):

Name of Catholic Church

City

2. Ethnic Origins- check one

- Native American
- Filipino
- Asian
- Hispanic
- White
- Multiracial
- African American

3. Religious Affiliation-check one

- Catholic
- Non-Catholic

4. Which Language did your child learn when he/she first began to talk? _____

Which language does your child most frequently speak at home? _____

Which language do you (the parents or guardians) most frequently use when speaking with you child? _____

Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

I choose to pay the Tuition on a:

- 10 Month Payment Plan (July-April)
- 12 Month Payment Plan (July-June)
- Other _____

I choose to pay Scrip:

- A one time payment of \$200 (billed September 2018)
- A monthly payment, with my tuition
- I will fulfill my scrip obligation with scrip purchase rebates.

Annual pledge to the Angels Among Us Development Campaign will be paid as follows:

Holy Angels School can expect my pledge in the amount of \$_____ as a:

- A one time payment on _____ (date)
- Monthly in the amount of \$_____ beginning_____ and ending _____
- Other_____

I would like the following charges billed monthly on the same schedule as my tuition

payments:_____

I acknowledge and accept the terms of the Holy Angels School Parent Contract for the 2018-2019 school year. This signed agreement along with the complete payment of my child(ren)'s registration fee(s) will confirm placement in the school for the 2018-2019 school year.

Parent's Signature

Date