

ALL SAINTS CATHOLIC SCHOOL
3418 NOBLE AVENUE
RICHMOND, VA 23222-1832
(804) 329-7524
(804) 329-4201 (FAX)

DATE OF APPLICATION _____

REGISTRATION FEE \$ 150.00 NON-REFUNDABLE
DATE PAID _____
CHECK # _____ CASH RECEIPT # _____

CHECK ONE:

REGISTRATION FORM
2011 - 2012

___ I WILL BE USING FACTS ~ Application
will follow at a later date

___ I WILL BE PAYING MY TOTAL TUITION BY AUG. 1.

___ MR.
___ MRS.
___ MS.
___ MR. & MRS. _____
FAMILY NAME

ADDRESS _____ ZIP _____
Street City State

PHONE # Home _____ Work(Mother) _____ Work(Father) _____
Cell (Mother) _____ Cell (Father) _____

E-mail address _____

STUDENT(S) NAME	MALE/ FEMALE	GRADE ENTERING	RELIGION	BIRTH DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

___ CATHOLIC TUITION RATE: PRESENT PARISH REGISTRATION _____

TO QUALIFY FOR CATHOLIC TUITION RATE, PLEASE PRESENT THE FOLLOWING
AT THE TIME OF REGISTRATION:

- 1. LETTER FROM YOUR PASTOR VERIFYING PARISH REGISTRATION
- 2. COPY OF BAPTISMAL CERTIFICATE

___ NON-CATHOLIC / PRESCHOOL TUITION RATE
