



# Queen of Heaven School

\*2018-2019 Registration Form\*

839 Mill Road  
 West Seneca, New York 14224  
 716.674.5206  
 www.qofhschool.org

Office Use Only	
Last Name:	_____
#of Children	_____ ID# _____
Non-Refundable Registration \$	_____
Date paid	_____ check# _____ cash _____
ACH Form	_____ Family Commitment _____
CTGP form	_____ (non- parishioner families)
Tuition paid: annually	_____ monthly _____
Amount of tuition	_____
Student's first day	_____

.....  
 Please Print Clearly.

Family Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Registering for Grade: \_\_\_\_\_ Pre-K: \_\_\_\_

Student Legal Name: \_\_\_\_\_  
 Last First Middle Suffix

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
 City State Country

Race (optional): 1) American Indian 2) African American 3) Caucasian 4) Hispanic 5) Asian or Pacific Islander 6) Multi-racial

School District Student Resides in: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

Sacrament	Church	Date
Baptism		
First Penance		
First Communion		

Religion: \_\_\_\_\_  
 Parish/Church: \_\_\_\_\_  
**\$75 (non-refundable) Registration Fee per student**  
**\$150 Student Technology and Consumable Fee (STaC)**  
 due and payable August 15 with tuition payment

Child resides with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (Specify): \_\_\_\_\_

Father: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 (If different from student)  
 Religion: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business phone: \_\_\_\_\_  
 VIRTUS Certified: Yes \_\_\_ No \_\_\_

Mother: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 (If different from student)  
 Religion: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business phone: \_\_\_\_\_  
 VIRTUS Certified: Yes \_\_\_ No \_\_\_

Parents are: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other \_\_\_\_\_

**Student's Siblings:**

Names	Ages

**Student's Emergency Contacts (other than legal guardian):**

1. \_\_\_\_\_  
                     Last Name                                      First Name                                      Phone Number
  
2. \_\_\_\_\_  
                     Last Name                                      First Name                                      Phone Number

Please list in order the Authorized Individuals (other than parents) who are allowed to pick up your child if necessary.

Name	Phone Number	Relationship to Child

**Additional Requirements for all new students Grades PK - 8th Grade:**

- Student's current Immunization Record
- IEP/504 Plan Documents (if applicable)
- Birth Certificate
- Sacrament Certificate (if applicable)
- Family Commitment Form
- BISON Award Letter (if applicable)
- ACH Form if using the monthly tuition payment option (see below)

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**Please select tuition payment plan preferred:**

( ) Plan 1 – Paid in full. Please make all checks or money orders payable to Queen of Heaven Parish by August 15th.

**\*\*\*\*NO POST DATED CHECKS OR CASH WILL BE ACCEPTED\*\*\*\***

To ensure proper credit to your account please:

Enclose your payment coupon (with your tuition ID #) or

Indicate your tuition ID# if using a bill paying service

( ) Plan 2 – Monthly payments. Any family selecting monthly payments must complete an ACH form.

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

Print Name \_\_\_\_\_