



Queen of Heaven School

2019-2020 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)
- HSG Family Commitment Form
- BISON Award Letter (if applicable)
- ACH Form if using the monthly tuition payment option (see below)

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 yearly.**

Parent Signature _____ Date _____

Print Name _____