



Queen of Heaven School

2022-2023 Registration Form
839 Mill Road
West Seneca, New York 14224
716.674.5206
www.qofhschool.org

Office Use Only	
Child's 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: _____
\$100 (non-refundable) Registration Fee per student
\$200 Student Technology and Consumable Fee (STaC)
[non-refundable] due and payable August 15 with 1st tuition payment.

Child resides with: Mother ___ Father ___ Both ___ Other (Specify): _____

****** PLEASE COMPLETE BELOW FOR BOTH PARENTS ******

Father: _____
Cell phone: _____
Home Phone: _____
Home address: _____
(If different from student)

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 ___

Religion: _____
E-Mail: _____
Occupation: _____
Place of employment: _____
Address: _____
Business phone: _____
VIRTUS Certified: Yes ___ No ___

Parents are: Married ___ Separated ___ Divorced ___ Other _____

{Please complete the reverse side}

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******

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

******If using this option, a completed ACH form with a voided check MUST be included with Registration******

Parent Signature _____ Date _____

Print Name _____