

## St. Peter Chanel Registration (2018-2019) PK3 - 8

*"SEPARATE FORM IS REQUIRED FOR EACH STUDENT"*

**Registration Fee: \$175 (oldest) \$325 (2 children) \$475 (3 or 4 children) Non-refundable**

<b>New Student</b>	<b>Transferred from:</b>	<b>Phone :</b>	St. Peter Chanel has the right to request information about your child from his/her previous school. If your child has received a psychological and/or educational evaluation, please provide St. Peter Chanel with a copy.
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**Student Information: (please print)**

Name: \_\_\_\_\_ Grade Entering \_\_\_\_\_  
 (last) (first) (mi)

Soc Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_ Race (Opt.): \_\_\_\_\_

Religion: \_\_\_\_\_ If Catholic, please check your church parish:  
 \_\_\_ St. Joseph \_\_\_ Sacred Heart \_\_\_ St. Michael \_\_\_ OLOP \_\_\_ St. Philip \_\_\_ St. James \_\_\_ Other ( \_\_\_\_\_ )

Resides with: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_  
 (Mailing & Street Address)

\_\_\_\_\_ (City, ST, Zip)

**Family Information: (please print)**

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 (last) (first) (mi)

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 (last) (first) (mi)

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_

### Tuition/Fee Schedule

# children	Tuition Rate	Student Fee*	Total w/o subsidy	Subsidy**	Total w/subsidy
1	\$4,390	\$300	\$ 4,690	\$ 60	\$ 4,750
2	\$8,020	\$600	\$ 8,620	\$ 120	\$ 8,740
3	\$11,000	\$900	\$ 11,900	\$ 180	\$ 12,080
4	\$11,000	\$ 1,200	\$ 12,200	\$ 240	\$ 12,440

\*\*Subsidy for St. Joseph, Sacred Heart, St. Michael, and St. Phillip is paid by your church parish.

<b>Office Use Only</b>	Date: _____	Amount _____	Cash _____ Check # _____
	Comments: _____		