



Saint Agatha School  
*Celebrate Christian Values ~ Excel in Education*  
440 Adams Street  
Milton, Massachusetts 02186  
Telephone: 617-696-3548  
Fax: 617-696-6288  
E-mail: [School@StAgathaParish.org](mailto:School@StAgathaParish.org)

**RE-REGISTRATION FORM FOR THE YEAR 2010-2011**  
**GRADE ENTERING IN 2010 \_\_\_\_\_**

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Family Name \_\_\_\_\_ Child resides with Whom \_\_\_\_\_

Child's Address \_\_\_\_\_ Phone Number \_\_\_\_\_

My Child will not be returning to St. Agatha School \_\_\_\_\_

If not returning please send records to \_\_\_\_\_

**Please list Full Names of all Children Currently Enrolled at St. Agatha**

| <b>First Name</b> | <b>Last Name</b> | <b>Grade in 2009</b> |
|-------------------|------------------|----------------------|
| _____             | _____            | _____                |
| _____             | _____            | _____                |
| _____             | _____            | _____                |
| _____             | _____            | _____                |

Please include your non-refundable **\$200** Re-Registration fee that will be deducted from your tuition.

Mother's Maiden Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian Name if Applicable \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Persons Name and Phone \_\_\_\_\_

Our Family's Ethnic Background is Black \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

If new to St. Agatha parish, our envelop number is \_\_\_\_\_



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**TUITION PAYMENT  
 PREFERENCE FORM 2010/2011**  
**THIS FORM ALONG WITH THE (APPLICATION/RE-REGISTRATION)  
 FORM MUST BE RETURNED WITHIN 10 DAYS.**

DATE GIVEN/SENT \_\_\_\_\_

**P L E A S E P R I N T**

**NAME OF PARENT/GUARDIAN:**

Phone number (include area code) Mother's (Guardian's)

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Beeper:** \_\_\_\_\_

Phone number (include area code) Father's (Guardian's)

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Beeper:** \_\_\_\_\_

**ADDRESS:**

Street

City/Town

Zip

Please Check One: (St. Agatha IN Parish  **Envelope Number:** \_\_\_\_\_) (OUT OF PARISH: )

If you wish to receive In Parish Tuition it is necessary for you to be registered with the parish and using envelopes for ONE YEAR as of September 1<sup>st</sup> of the year your child will be entering our school.

Student(s) Name(s)

1. \_\_\_\_\_ Male  Female  Grade Entering in Sept. 2010 \_\_\_\_\_
2. \_\_\_\_\_ Male  Female  Grade Entering in Sept. 2010 \_\_\_\_\_
3. \_\_\_\_\_ Male  Female  Grade Entering in Sept. 2010 \_\_\_\_\_
4. \_\_\_\_\_ Male  Female  Grade Entering in Sept. 2010 \_\_\_\_\_

PLEASE CHECK ONE: TUITION FOR THE 2010-2011 SCHOOL YEAR WILL BE PAID BY:

**OPTION ONE - SINGLE PAYMENT PLAN DUE JULY 1<sup>ST</sup>** 3% discount ONLY if payment is received by July 1<sup>st</sup>.

|                                    |   |          |
|------------------------------------|---|----------|
| TOTAL TUITION AMOUNT DUE FOR YEAR: | Full Tuition  | \$ _____ |
|                                    | (Minus re-registration fee for current students only) | \$ _____ |
|                                    | = Tuition Balance DUE July 1 <sup>st</sup>            | \$ _____ |

**OPTION TWO - TWO PAYMENT PLAN - DUE JULY 1<sup>ST</sup> & DECEMBER 1<sup>ST</sup>**

|   |          |
|---|----------|
| TOTAL TUITION AMOUNT DUE FOR YEAR:                    | \$ _____ |
| (Minus re-registration fee for current students only) | \$ _____ |
| Balance divided by two payments                       | \$ _____ |

=Tuition Balance Due July 1<sup>st</sup> \$ \_\_\_\_\_ =Tuition Balance Due December 1<sup>st</sup> \$ \_\_\_\_\_

**OPTION THREE - FACTS MONTHLY PAYMENT PLAN.** An automatic Tuition Payment Agreement will be forwarded for your completion if this plan is chosen. An annual enrollment fee is deducted by FACTS on receipt of your agreement.

|   |          |
|---|----------|
| TOTAL TUITION AMOUNT DUE FOR YEAR:                    | \$ _____ |
| (Minus re-registration fee for current students only) | \$ _____ |
| =Tuition Balance                                      | \$ _____ |

BUDGET OVER 10 MONTH PERIOD \$ \_\_\_\_\_ monthly payment beginning in July.  
 Withdrawal can be made on either 5<sup>th</sup>  or the 20<sup>th</sup>  of the month (please check date you wish to start).

Please Note: if you select opt 1 or 2 & payment is not made by due date, payment will have to be made through FACTS  
 I agree to make tuition payment for the school year according to the option designated above.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_