



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

RE-REGISTRATION FORM FOR THE YEAR 2012-2013
GRADE ENTERING IN 2012_____

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

First Name	Last Name	Grade in 2012
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include your non-refundable **\$200** Re-Registration fee that will be deducted from your tuition. Please complete the information below **only if** your information has changed since September, 2011. Thank you.

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 _____

Child's Language Spoken At Home: _____



Saint Agatha School

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

TUITION PAYMENT
PREFERENCE FORM 2012/2013

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 1st of the year your child will be entering our school.

Student(s) Name(s)

- 1. _____ Male [] Female [] Grade Entering in Sept. 2012 _____
2. _____ Male [] Female [] Grade Entering in Sept. 2012 _____
3. _____ Male [] Female [] Grade Entering in Sept. 2012 _____
4. _____ Male [] Female [] Grade Entering in Sept. 2012 _____

PLEASE CHECK ONE: TUITION FOR THE 2012-2013 SCHOOL YEAR WILL BE PAID BY:

[] OPTION ONE - SINGLE PAYMENT PLAN DUE JULY 1ST 3% discount ONLY if payment is received by July 1st.

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

[] OPTION TWO - TWO PAYMENT PLAN - DUE JULY 1ST & DECEMBER 1ST

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

=Tuition Balance Due July 1st \$ _____ =Tuition Balance Due December 1st \$ _____

[] 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 5th [] or the 20th [] 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: _____