

All Saints Catholic School

Start date:

2700 N. Kentucky, Roswell, N.M. 88201 575-627-5744 www.allsaintsroswell.com

2024-2025 Registration Form

Student Name:	Nickname:	Birth Date:
Mailing Address:	Zip Co	ode:
Physical Address (if different):		
Home Phone Number:	EMAIL:	
With whom does student live? Both	Parents Mother Only	Father Only
Grandparents Father & Step-Mother	Mother & Step-Father Ot	ther
Father's Name:	Mother's Name:	
Legal Guardian:	Legal Guardian:	
Employer:	Employer:	
Business Address:	Business Address:	
Business Phone:	Business Phone:	
Cell Phone:	Cell Phone:	
Check one grade level:		
Pre-K 3's Part-time Full-time	e Pre-K 4's Part-tii	me Full-time
Kindergarten First Grade		
Fourth Grade Fifth Grade	Sixth Grade Sevent	th Grade Eighth Grade
* Extended Care is available for all classes Circle one: Yes or No * Are you interested in Tuition Assistance MUST be completed by going to www.alls	ce (K-8)?YesNo.	If Yes, a Tuition Assistance Application
Registration fee i <mark>s due with registration f</mark> Registration fees are <u>not</u> refundable unle		's space.
	Parent or Guardi	ian Signature Date
Referred By:	Referral Award Dat	te Paid:
e Use Only:	Immunization Records:	
Registration Fee Paid:	Sacre	aments: