



Returning Family/New Student Registration Form 2019-2020

Parent(s) Name(s) _____

Returning Students:

Please enroll my child(ren) in the following grades for 2019-20:

- | | |
|---------------------|---------------------|
| 1. _____ Grade ____ | 4. _____ Grade ____ |
| 2. _____ Grade ____ | 5. _____ Grade ____ |
| 3. _____ Grade ____ | 6. _____ Grade ____ |

By signing below I authorize Saint Ambrose Catholic School to bill my **FACTS** account under incidental billing.

_____ Signature of authorized FACTS customer
 _____ Printed name
 _____ Date
 \$ _____ Amount

Please complete and return this Form right away! The completed form and Registration Fee **will reserve your children's place** in our school for the 2019-2020 School Year. **DUE DATE: March 1.**

\$50.00 for **each** returning student (**\$100 each after March 1**)
All other fees are due in FACTS in accordance to the Tuition and Fees Schedule.

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New Students:

Please list **new students** applying to St. Ambrose School for 2019-20. A \$75 application fee will be billed to your FACTS account. **A completed application must be attached to this form to register your new student.** The Application for Admission can be found on our school website <http://stambroseschool.org/admissions/application-forms/>.

1. _____ Grade ____
2. _____ Grade ____

Please note: For returning families registering a new preschool child, priority is only given up until February 1. On February 4 all spots are opened to the public and there is not a guarantee of availability after that date.

Kindergarten students must be 5 by September 30, 2019.

**REGISTRATION FEE FOR FORMS NOT RETURNED BY MARCH 1
WILL FACE AN INCREASE TO \$100 FOR RETURNING STUDENTS .**

Note: The **deadline** for the Diocesan Tuition Aid Program is **March 15 for elementary students.**
All families requesting financial assistance must apply at <https://online.factsmgt.com/signin/3QVN9>