



NATIVITY^{of}MARY

SCHOOL

New Family & Kindergarten 2017-2018 Registration Form

9901 E. Bloomington Freeway - Bloomington, MN 55420 † 952-881-8160

Name of Child _____ M ___ F ___ Age _____ Date of Birth _____

Address _____ Zip _____ Phone _____

Child Lives with (Names) _____ Relationship _____

Registering in Grade: _____ for the 2017-2018 school year. Parish Registered in: _____

Previous School Attended (If applicable): _____ Phone: _____

List all language spoken at home: _____

**Registration fee of \$100.00 must accompany this form. This fee is non-refundable.
Tuition assistance available. All families must apply for aid by April 1 at TADS.com.**

Assigned school district and school district number _____

Did the child attend Preschool? No _____ Yes _____ Where _____
School City State

Mother's Name _____ Religion _____

Email Address _____

Father's Name _____ Religion _____

Email Address _____

Other Children in the family:

<u>Name</u>	<u>Birth Date</u>	<u>School Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child received any additional help in learning? Yes ___ No ___

Title I, Reading, Speech, Etc. If so what area? _____

Parent/Guardian Signature _____

Date _____

Relationship to Child _____

Would you like your child bussed from your home or a day care? List the day care and the day care's address if applicable: