



Last Name	_____
Family #	_____
EdChoice	_____
Cash	_____ Ck# _____

2023-2024 Re-Registration for Current Families

PLEASE PRINT

Family Name _____
 Address _____
 City _____ Zip _____
 Email Address _____
 New Address since last year: _____ YES _____ NO

List the names of all children who will be re-enrolling or registering for the first time.

First and Last Name	Grade Entering
_____	_____
_____	_____
_____	_____

Please identify the public school district your child/ren would attend if they were not enrolling at St. Albert School. This information assists us in clarifying transportation, state reports and other information.

_____ School Building _____ School District

EARLY REGISTRATION DISCOUNT - \$125 paid by 1/27/23

Registration fee paid **before** 2/28/2023 is \$150 per family
 Registration fee **after** 2/28/2023 will be \$200 per family
 Checks can be made payable to St. Albert the Great School.

TUITION BILLIING INFORMATION:

Registered Parishioner Yes _____ Active Military Yes _____
 Billing Name _____

Billing Address _____

School tuition is a legal debt. Non-payment of tuition will result in the need to withhold grades, school records, report cards and possible removal from school until all accounts are settled.

Office Only
Date Rec'd _____
Reg Fee _____ CK# _____
FACTS _____

I agree with all of the above stated information.

 Signature Date