

*****All Saints Academy*****

2855 E. Livingston Ave.

Columbus Ohio, 43209

REGISTRATION FOR SCHOOL YEAR 2009-2010

*******(YOU ONLY NEED 1 PER FAMILY)*******

FAMILY NAME

Student's Name

Grade 09-10 School year

1. _____
2. _____
3. _____
4. _____

Address _____

City, State, and Zip _____

Home # _____

Catholic Non-Catholic

Parish _____

(You must have a parish that will subsidize to get the PARTICIPATING RATE!)

PARENT OR GUARDIAN INFORMATION

Name _____ **Relationship to child** _____

Work # _____ **Cell #** _____

Name _____ **Relationship to child** _____

Work # _____ **Cell #** _____

ADDITIONAL CONTACT #'S

1. Name _____ **#** _____

2. Name _____ **#** _____

3. Name _____ **#** _____

REGISTRATION FEE \$100 MUST BE PAID TO REGISTER.

Signature of Parent /Guardian _____

Date _____

PAID REG FEE (OFFICE INITIALS)