

**ST. LOUIS CATHOLIC SCHOOL ♦ BATESVILLE, INDIANA  
2010 – 2011 STUDENT REGISTRATION ♦ GRADES 1-8**

Grade Level 2010-2011:	Date of Birth:    /    /	Gender: M or F
Student Religion:	Parish Family Attends:	
Full Student Name:		
Address:		
City, State & Zip:		
Ethnicity:	American Indian	Black    Asian    Hispanic Ethnicity and of any race
<i>Please Circle</i>	White	Multiracial    Native Hawaiian or Other Pacific Islanders
Home Phone:		
County of Residence:	Batesville School District? Yes or No	
Guardianship:		
Guardian E-Mail:		
Mother's Name:		
Mother Address: <i>(if different than above)</i>		
Mother Day Phone:		
Mother Home/Cell Phone:		
Employed at:		
Father's Name:		
Father Address: <i>(if different than above)</i>		
Father Day Phone:		
Father Home/Cell Phone:		
Employed at:		

**2010-2011 REGISTRATION FEE \$220.00 PER STUDENT**

*Total payment of registration fees at time of registration is appreciated to eliminate follow up invoicing*

Amount Enclosed:                    \_\_\_\_\_ Check No. \_\_\_\_\_ Cash/Receipt # \_\_\_\_\_  
 Registration Fee:                    \_\_\_\_\_ \$110.00 Due with registration before 4/16/10  
 Remaining Balance:                    \_\_\_\_\_ \$110.00 Due before 6/30/10

**\$250.00 REGISTRATION FEE DUE IN FULL IF PAID AFTER 6/30/10**

Registration Fee Paid after 6/30/10 \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Cash/Receipt # \_\_\_\_\_

Does payment include fees for other students: \_\_\_ Yes or \_\_\_ No If yes, list names and grades:

\_\_\_\_\_

**Parent/Guardian Signature responsible for payment of student registration fees:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: If your family has court ordered assignments for tuition, registration fees or other school fees, it is the parent's responsibility to work together to make the registration payment in full. It is not the school's responsibility to enforce the court order. Payment not received in full in these cases for registration will not be processed.*

**FOR OFFICE USE ONLY**

Amount Received: \$ \_\_\_\_\_ Amount Applied to this Student: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Paid In Full: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_