



St. Alphonsus Catholic School

K-8TH GRADE REGISTRATION FORM 2022-2023
SCHOOL YEAR

STUDENT INFORMATION

Full Name: _____ Grade Entering: _____

Date of Birth: ____/____/____ Student/ Family Religion: _____

Has child been baptized? Yes No If so, where and when? _____

Ethnicity: for statistical purposes only :

White/Caucasian African Asian Multiracial Hispanic/Latino African American Other Native American/Native Alaskan

Gender: Male Female Previous school attended: _____

Who does the student reside with? : _____

PARENT / GUARDIAN INFORMATION

Name: _____ Relationship to student: _____

Address: _____ City/Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

PARENT / GUARDIAN INFORMATION

Name: _____ Relationship to student: _____

Address: _____ City/Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

More Information :

📍 7031 Halifax Ave N. Brooklyn Center

☎ 763-561-5101

E: Schooloffice@mystals.org

THANK YOU

Please see back page...



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Please Initial the following items...

_____ I agree to pay my students' tuition and other applicable fees (technology fee, lunch balances, etc.)

_____ I agree to volunteer the required number of hours per the parent handbook.

_____ I understand that if my family does not volunteer 20 hours over the course of the school year, a \$350 charge will be added to my account.

_____ I agree that if my student attends the first day of school, \$100 of the application fee will be credited to their technology fee.

_____ I understand that if my student(s) do not attend the first two days of school they will be unenrolled from St. Alphonsus Catholic School and no other fees will be refunded.

Please answer the following questions

- Does your child need to be baptized? Yes No
- Does your child need to receive their first reconciliation and communion? Yes No

***All new students must pay \$150 non-refundable registration fee included with this application**

***Students entering Kindergarten will need to provide a copy of their Birth Certificate.**

Office use only

Date Application Received: _____ Registration Amount \$ _____

Payment Method: _____ Will family apply for tuition assistance? _____

Tuition before financial aid: _____ Staff Signature: _____

Thank you for choosing St. Alphonsus Catholic School!