

STUDENT(S)' LAST NAME

333 Brookside Drive Swanton, OH 43558

Phone: 419-826-5041

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2024-2025 REGISTRATION—Preschool-Grade 8

Father's Name ______Cell Phone #_____ Address City Zip Code Religion______Employer______Phone #_____ Father's email _____ Mother's Name _______Cell Phone #_____ Address City Zip Code Religion_____Phone #____ Mother's email

If divorced, who has legal custody? ____

(CUSTODY PAPERS MUST BE ON FILE IN SCHOOL OFFICE)

NEW STUDENTS: A copy of the student's birth certificate **MUST** accompany this registration.

STUDENT NAME	BIRTHDATE	RELIGION	GRADE IN FALL	GENDER
				M F
				M F
				M F
				M F
				M F

Please circle your child's ETHNICITY defined as: Native American—Asian—Black (Non-Hispanic)— Native Hawaii—Pacific Islander (other than Native Hawaiian)—Hispanic—Caucasian/White (Non-Hispanic)—American Indian/ Native American—Alaskan Native—Two or more races

Swanton—Evergreen—Wayne—Springfield—	–Pike-Delta-Y	ork—Liberty Cent			-Anthony		
wayne Springheid	Otsego bytv						
Please circle (all that Swanton bus Pick up	apply) wha		n) will use at the	e end of the da	y:		
FAMILY REGISTRATION FEE (nonrefundable): During the month of: February=\$50; March and after=\$100							
Kindergarten to Grade Prekindergarten = \$4, Preschool (Half day) = +++++Payments will b	050 per child (\$2,725 per ch	(Paid monthly \$4) hild (Paid monthly	months \$657.00) (3 05.00) (36 Weekly y \$272.50) (36 Wee	costs = \$112.50			
we will assume that tuitio All tuition will b I would like a pa	n and fees will e PREPAID ir	be prepaid by Jur	ne 1, 2024 and we v				
I understand that my tuition 2024 or when it becomes							
Parent Signature:				Date:			
How did you hear about u	s?						
FOR OFFICE USE ON	$\mathbf{L}\mathbf{Y}$						
Registration Fee Amount							
Check #	Cash	Venmo	Date paid		_		
Family Tuition Amount _							
TOTAL DUE							