



ASCENSION CATHOLIC SCHOOL
REGISTRATION FOR 2016-2017 (PARISHIONERS. pending parish membership)

Father: Dr./Mr.

Mother: Dr./Mrs./Ms

Address:

Address:

City, State, Zip:

City, State, Zip:

Home Phone:

Home Phone:

Cell phone:

Cell phone:

Place of Work:

Place of Work:

Work Phone:

Work Phone:

Student Last Name	Student First Name (Legal)	Middle Name	Student Nickname	Grade 2016-17	M/F	Race (If multi-racial, list all.)*	Hispanic Ethnicity (Yes or No)	Date of Birth mm/dd/yy

*W=Caucasian, AA-African American, A=Asian, NH=Native Hawaiian or Other Pacific Islander, AI=American Indian or Alaska Native

Email address(es):

Public school district in which the family resides: _____ Blue Valley _____ Olathe _____ Other (Please specify: _____.)

Language(s) spoken in the home (other than English): _____

Please send all registration forms to the school office along with non-refundable registration check. Check should be made payable to Ascension Catholic School.

Registration Fees for 2016-17	Number of Children Attending ACS		
	1 Child	2 Children	3+ Children
Normal Registration / New Family Registration	\$200	\$400	\$500

Office Use Only--Date received: _____ **Check #** _____ **Amount: \$** _____