

AVE MARIA CATHOLIC SCHOOL
REGISTRATION FOR K – 6th GRADE
2026-2027 SCHOOL YEAR

Date of Registration: _____

Current Parish: _____

Transfer: ____ Y ____ N If yes, please list previous school: _____

STUDENT INFORMATION:

(Please list students youngest to oldest)

Student Names:	Sex	Birth Date	Ethnicity *(see below)	Grade (2026-2027)
_____	M F	____/____/____	_____	_____
_____	M F	____/____/____	_____	_____
_____	M F	____/____/____	_____	_____
_____	M F	____/____/____	_____	_____

*Please use the following chart for ethnicity: Alaska Native=**AL** American Indian=**AI** Asian=**A**
Black/non-Hispanic=**BL** Hispanic=**H** Native Hawaiian /Pacific Islander=**NH** White, non Hispanic=**W**

PARENT INFORMATION:

Mother (or guardian)

Name _____

Email _____

Address _____

City _____ St _____ Zip _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Father (or guardian)

Name _____

Email _____

Address (if different) _____

City _____ St _____ Zip _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Status of Parents: ____ Married ____ Separated ____ Divorced ____ Remarried ____ Father Deceased ____ Mother Deceased

Please list any special arrangements you want us aware of: _____

Names and ages of siblings not enrolled at Ave Maria Catholic School: _____

EMERGENCY CONTACTS:

Please list someone other than parent or guardian; we will **always** attempt to contact parents first. These names should be someone who would be available to make decisions on your behalf.

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY/MEDICAL INFORMATION:

Name of Family Physician: _____ Clinic: _____ Phone: _____

Please explain any special medical needs/allergies _____

Special Education Needs: _____

- ☐ I UNDERSTAND IT IS MY RESPONSIBILITY TO SUBMIT HEALTH SERVICES REQUEST FORMS A & B IF MY CHILD HAS A FOOD OR OTHER ALLERGY THAT WOULD REQUIRE A SPECIAL DIET OR CARE. THESE FORMS MUST BE COMPLETED BY PARENTS AND CHILD'S PHYSICIAN ANNUALLY.
- ☐ I UNDERSTAND THAT IF MY CHILD NEEDS AN EPI-PEN I MUST PROVIDE ONE

PARENTAL CONSENT:

_____ I hereby consent to any medical services that may be required while my child is under the supervision of an employee of Ave Maria Catholic School and hereby appoint an Ave Maria Catholic School Employee to act on my behalf in securing necessary medical services from any duly licensed physician or medical emergency provider. Responsibility for payment of ambulance, physician and/or hospital is that of the parent or guardian.

_____ I release school personnel from any liability in relation to the administration of medical care plans. Ave Maria Catholic School acknowledges that its personnel have limited or no knowledge of administering health related services.

_____ Ave Maria Catholic School staff is authorized to access the South Dakota State Immunization website to obtain current immunization information for my child(ren).

BAPTISMAL INFORMATION:

Child's Name	Baptism Date	Parish	City, State
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

1ST RECONCILIATION/ 1ST COMMUNION INFORMATION:

Child's Name	Year	Parish	City, State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TUITION INFORMATION:

- New Families A non-refundable \$50.00 deposit per is required at the time of registration for grades K-6.
- Current Families a \$50 registration fee will be applied to your account.
- I understand that all tuition payments are due by the 10th of the month.
- I agree that by the end of the current school year I will have paid all tuition and lunch/milk fees in full.
- I verify that all information provided on this form is accurate to the best of my knowledge; I have read, understand and agree with all statements on this form.

Signed (Parent/Guardian): _____ Date: _____