



## 2020-21 SCHOOL REGISTRATION

- Return this completed registration form along with a **\$100 registration fee** (per family) to:  
 St. Mary Cathedral, attn. Melissa, 606 N. Ohio St., Gaylord, MI 49735
- Set-up/update your **FACTS Tuition Management** account. Review available tuition payment options for the 2020/21 school year and select your preferences. FACTS must be accessed and completed as part of the Online Enrollment Packet through ParentsWeb/RenWeb. Note: FACTS can be set-up and submitted without having to submit the entire enrollment packet.
- Prior to the first day of school**, submit your Online Enrollment packet (one per student) through your Parent RenWeb account.

**\*\*\*REGISTRATION IS NOT COMPLETE UNTIL YOU HAVE FINISHED ALL THREE OF THE ABOVE STEPS\*\*\***

**FAMILY LAST NAME:** \_\_\_\_\_ **Last Name of Child(ren):** \_\_\_\_\_  
 (if different than Family Last Name)

Child(ren) live with:  Both Parents  Mother  Father  Guardian – Name & Relationship: \_\_\_\_\_

Physical Address (of child/children): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ School District: \_\_\_\_\_

**FATHER:**  Mr.  Dr.  
 Name: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Parish Attending: \_\_\_\_\_

**MOTHER:**  Ms.  Mrs.  Dr.  
 Name: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Parish Attending: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**I/we are registering the following children to attend St. Mary Cathedral School for 2020-21 school year:**

Student Full Legal Name	Student Nickname	Grade in September	Date of Birth	Baptized Catholic
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Transfer**  **Name & City of Previous School** \_\_\_\_\_

**X**  
 \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY:</b>	Registration Fee Paid: \$ _____	Total 2018/19 Tuition: \$ _____
Date Received: _____	Date Reg. Fee Paid: _____	Initial Tuition Payment: \$ _____
Received by: _____	Cash or Check # _____	Date Tuition Paid _____
FACTS Complete: _____	Online Enrollment Packet Complete: _____	Cash or Check # _____