



# St. Ignatius Catholic School

Holy Apostles

6180 N. Meridian Road, Meridian, Idaho 83646

www.stignatiusmeridian.org

208.888.4759

## Student Pre-Registration Form

Welcome to St. Ignatius Catholic School. Our registration is now closed for the 2018-2019 school year, and registration applications for the 2018-2019 school year will now be considered only if openings become available.

Families interested in enrolling in St. Ignatius Catholic School for future school years should submit this pre-registration form to our administrative office (along with a \$50 non-refundable fee to be applied to tuition upon enrollment). Once you have submitted the pre-registration form and required fees, your student will be added to our waiting list.

Once we have completed reenrollment of our existing students (in April), we will open our registration for the 2019-2020 school to new students from our waiting list. When we have availability to enroll your student, you will be notified and provided a full registration package to be completed and returned in full within 5 days.

**Please note that the \$50 deposit per child is non-refundable. Should you choose to withdraw your pre-registration or decline a spot in our enrollment, the fees will not be refunded. Please complete this pre-registration form and submit it to the St. Ignatius Catholic School office along with a \$50 non-refundable deposit for *each* child you wish to add to the waiting list.**

To be completed by parent or guardian. Please print.

Student 1	First Name: _____ MI: _____ Last Name: _____	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
	Current school: _____ Birthdate:    /    /	Grade in 19-20: _____
Student 2	First Name: _____ MI: _____ Last Name: _____	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
	Current school: _____ Birthdate:    /    /	Grade in 19-20: _____
Student 3	First Name: _____ MI: _____ Last Name: _____	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
	Current school: _____ Birthdate:    /    /	Grade in 19-20: _____

*St. Ignatius Catholic School admits students of every race, color, religion, national, and ethnic origin. Every student is entitled to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, religion, national, or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, or any other school administered programs.*

**Please indicate your preference below:**

- Please place me on the wait list for the 2019-2020 school year and any subsequent years.
- Please place me on the wait list for the 2020-2021 school year and any subsequent years.
- Please place me on the wait list for the 2019-2020 school year and any subsequent years, however, I would be interested in enrolling my child/children based on classroom availability during the 2018-2019 school year if a spot becomes available.



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## Parent/Guardian Information

Mr. Mrs. Ms.	First Name:	MI:	Last Name:
<input type="checkbox"/>	Resides with student	Relationship:	Phone: ( )
Email Address:			Cell: ( )
<input type="checkbox"/>	Holy Apostles Parishioner		Employer: _____
<input type="checkbox"/>	Catholic (list parish: _____)		Occupation: _____
<input type="checkbox"/>	Sibling currently enrolled at St. Ignatius		Work Phone: ( )
<input type="checkbox"/>	Non-Catholic		

  

Mr. Mrs. Ms.	First Name:	MI:	Last Name:
<input type="checkbox"/>	Resides with student	Relationship:	Phone: ( )
Email Address:			Cell: ( )
<input type="checkbox"/>	Holy Apostles Parishioner		Employer: _____
<input type="checkbox"/>	Catholic (list parish: _____)		Occupation: _____
<input type="checkbox"/>	Sibling currently enrolled at St. Ignatius		Work Phone: ( )
<input type="checkbox"/>	Non-Catholic		

Does any student for whom you are submitting this form currently have a 504 Plan or IEP?

Yes  No

If yes, please attach a copy of any such plan with this form or email to [jkitepowell@stignatiusmeridian.org](mailto:jkitepowell@stignatiusmeridian.org).

By signing below, you are certifying that this information is true, complete, and correct.

### For Preschool Program:

Please indicate below your preferred pre-school schedule. Our pre-school schedules remain subject to change for the 2019-2020 school year.

- Full day Monday-Friday (8:30-3:30)
- Full day MWF (8:30-3:30)
- Full day T/Th (8:30-3:30)
- Monday-Friday Mornings (8:30- 11:45)
- Please contact me if any schedule becomes available

### Certificate of Completion:

I wish to pre-register my child/children at St. Ignatius School. I understand that my \$50 deposit per child is non- refundable.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Date Received:	
Entered By:	
Deposit Amount:	
Cash:	Check #:
Registration Session Attended on date:	