



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. We are honored that you are interested in joining our community.

All families interested in enrolling in St. Ignatius Catholic School should submit this pre-registration form to our administrative office (along with a \$50 non-refundable fee for *each child you wish to add to the waiting list*). This fee will be applied to your tuition upon enrollment. **Please note that the deposit is non-refundable. Should you choose to withdraw your pre-registration or decline a spot in our enrollment, the fees will not be refunded.**

In addition, please send copies of the following documents for any 1st-8th grade students to jkitepowell@stignatiusmeridian.org- most recent report card; most recent standardized test results; and any type of service or accommodation plan (e.g., 504 Plan or IEP). Please know that we do not determine admissions based on academic performance. These items simply help us in confirming that St. Ignatius Catholic School can properly meet the needs of your student. If we have any concerns about whether we will be able to meet the needs of your student, we will call you to discuss further. Once you have submitted all of the above, your student will be added to our waiting list.

Students seeking enrollment for the current school year will be admitted only if there is space available in that grade level. Once we have completed reenrollment of our existing students (in March), we will open our registration for the 2020-2021 school to new students from our waiting list. If we have availability to enroll your student, you will be notified and provided a full registration package to be completed and returned in full with payment of registration fees within 10 days.

Student 1

Student 2

Student 3

First Name:	MI:	Last Name:	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Current school:	Birthdate: / /	Grade in 20-21:	
First Name:	MI:	Last Name:	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Current school:	Birthdate: / /	Grade in 20-21:	
First Name:	MI:	Last Name:	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Current school:	Birthdate: / /	Grade in 20-21:	

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 2020-2021 school year and any subsequent years.
- Please place me on the wait list for the 2021-2022 school year and any subsequent years.
- I would be interested in enrolling my child/children based on classroom availability during the 2019-2020 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.

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 2020-2021 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:	