

ST. ANDREW APOSTLE SCHOOL KINDERGARTEN REGISTRATION FOR 2010-2011  
11602 Kemp Mill Road  
Silver Spring, MD 20902  
301 649-3555

Non-refundable registration fee - \$500

**\*\*FOR OFFICE USE ONLY\*\***

The \$500 will be applied to the 2010-2011 tuition

\$500 Received \_\_\_\_\_  
Check # \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_  
(last) (first) (middle)

ADDRESS \_\_\_\_\_  
(street) (city) (zip)

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male/Female \_\_\_\_\_ Religion \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Current School \_\_\_\_\_  
(name) (address) (zip)

**FAMILY DATA - FATHER**

Father's Name \_\_\_\_\_, \_\_\_\_\_ Education \_\_\_\_\_  
(last) (first)

Address if different than child \_\_\_\_\_

Occupation & Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Religion \_\_\_\_\_

Parish \_\_\_\_\_ Date of Registration \_\_\_\_\_

**FAMILY DATA - MOTHER**

Mother's Name \_\_\_\_\_, \_\_\_\_\_ Education \_\_\_\_\_  
(last) (first)

Address if different than child \_\_\_\_\_

Occupation & Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Religion \_\_\_\_\_

Parish \_\_\_\_\_ Date of Registration \_\_\_\_\_

Student resides with: Both Parents \_\_\_\_\_ Father only \_\_\_\_\_ Mother only \_\_\_\_\_ Other \_\_\_\_\_

**STUDENT'S ETHNIC ORIGIN** (Required by Title VI of the Civil Rights Act)

**Check all that apply:** White/Caucasian \_\_\_\_\_ Black \_\_\_\_\_ Oriental/Asian \_\_\_\_\_  
Hispanic (regardless of race) \_\_\_\_\_ American Indian \_\_\_\_\_

Languages, besides English, spoken in the home \_\_\_\_\_

**STUDENT'S SACRAMENTAL INFORMATION**

Baptism \_\_\_\_\_  
(date) (church)

**CHILDREN IN THE FAMILY** (please list every child in order of birth)

First Name	Birth Date	First Name	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that my signature on this agreement verifies that I will abide by the policies and procedures of the school and its administration as stated in the St. Andrew's Parent/Student Handbook. My signature also verifies that I have shared all available educational and medical information (I.E.P.'s, diagnostic testing, etc.) concerning my child in order to ensure a successful school experience. I understand the terms of this agreement as they regard the payment of registration, tuition, and other fees. Failure to abide by these agreements may result in the withdrawal of my child from St. Andrew Apostle School.

Parent/Guardian Signature and relation to child \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Please print name