



**REGISTRATION FORM**  
**2025-2026 New Families**

**\*Must be submitted to the School Office with  
Registration Fee and Scholarship Paperwork\***

**Names of Children Attending Holy Angels Catholic School in 2025 - 2026**

\_\_\_\_\_ will be in \_\_\_\_ Grade M\_\_F\_\_ Catholic?\_\_\_\_  
\_\_\_\_\_ will be in \_\_\_\_ Grade M\_\_F\_\_ Catholic?\_\_\_\_  
\_\_\_\_\_ will be in \_\_\_\_ Grade M\_\_F\_\_ Catholic?\_\_\_\_  
\_\_\_\_\_ will be in \_\_\_\_ Grade M\_\_F\_\_ Catholic?\_\_\_\_  
\_\_\_\_\_ will be in \_\_\_\_ Grade M\_\_F\_\_ Catholic?\_\_\_\_  
\_\_\_\_\_ will be in \_\_\_\_ Grade M\_\_F\_\_ Catholic?\_\_\_\_

\* Holy Angels School abides by the teachings and rules of the Catholic Church, and Faith is integrated into all aspects of the school's activities. According to the Catholic Faith, a person's sexual identity is rooted in one's biological identity as male or female. Holy Angels School considers the gender of all students as being consistent with their biological sex, including participation in school athletics and teams, school-sponsored dances, dress and uniform policies, the use of changing facilities, showers, locker rooms, sleeping accommodations on trips, titles, names and pronouns, and school records. As an applicant/registrant and/or parent/guardian for admission to Holy Angels School, I understand and agree to this policy. Please state your child's biological sex.

Address \_\_\_\_\_

Father/Guardian Phone \_\_\_\_\_ Mother/Guardian Phone \_\_\_\_\_

Father/Guardian Email \_\_\_\_\_

Mother/Guardian Email \_\_\_\_\_

Parish (if Catholic) \_\_\_\_\_ School District \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_

*Home Status (Please check all that apply)*

Children live with:

_____ Mother	_____ Father	_____ Parents are Divorced
_____ Stepmother	_____ Stepfather	_____ Mother is Deceased
_____ Foster Parents	_____ Other Relatives	_____ Father is Deceased

**TURN OVER**

If child(ren)’s progress reports and other pertinent information are to be sent to more than one address, please indicate name and address:

\_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

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Office Use: This portion is to be completed by the office staff.

\_\_\_\_Fee Submitted      Received By: \_\_\_\_\_      Received On: \_\_\_\_\_

**REGISTRATION FEES**

Families should submit a registration form and fee as soon as possible, so we can begin planning classes for next school year. We use this information to know what our staffing needs are, how many curriculum materials to order, etc. Spots are NOT reserved for families until we have the form and the fee.

Early Registration	\$100 per family	through February 28, 2025
Registration	\$200 per family	March 1 - April 30, 2025
Late Registration	\$250 per family	May 1st and after

*Registration fees are non-refundable.*