



CHRIST THE KING SCHOOL 2017-2018 REGISTRATION FORM
 Christ the King Catholic School 505 10th Ave NW Mandan, ND 58554 (701) 663-6200



Note: Please provide your child's baptismal certificate and current immunization records prior to the first day of school.

Student Name: _____ D.O.B. ____/____/____ Ethnicity (circle one): American Indian Caucasian
LAST FIRST MIDDLE African America Hispanic Asia Pacific Islander

Elementary Level 1 (First and Second grade) _____ Third Grade _____ Fourth Grade _____ Fifth Grade _____

Address: _____ City: _____ State: _____ Zip: _____

Student Name: _____ D.O.B. ____/____/____ Ethnicity (circle one): American Indian Caucasian
LAST FIRST MIDDLE African America Hispanic Asia Pacific Islander

Elementary Level 1 (First and Second grade) _____ Third Grade _____ Fourth Grade _____ Fifth Grade _____

Address: _____ City: _____ State: _____ Zip: _____

Student Name: _____ D.O.B. ____/____/____ Ethnicity (circle one): American Indian Caucasian
LAST FIRST MIDDLE African America Hispanic Asia Pacific Islander

Elementary Level 1 (First and Second grade) _____ Third Grade _____ Fourth Grade _____ Fifth Grade _____

Address: _____ City: _____ State: _____ Zip: _____

Please fill out the parent and tuition information sections on the back of this form.

Parent/Guardian Information

Father's/Guardian's Information

Name: _____

If different:

Address: _____

Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____

Religion: _____ Parish: _____

Email: _____

Marital Status: _____

if not married – this parent should receive mailings from the school

Mother's/Guardian's Information

Name: _____

If different:

Address: _____

Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____

Religion: _____ Parish: _____

Email: _____

Marital Status: _____

if not married – this parent should receive mailings from the school

Tuition Information

Student Enrollment Fee per child: \$175 x _____ Total: _____

Elementary Level 1 – Grade 5 Tuition: \$2,750 x _____ Total: _____

\$300 discount for each additional child: \$300x _____ Total: _____

Total tuition from above = _____

Total enrollment fees from above = _____

Donation above and beyond tuition amount = _____

Subtotal = _____

Minus additional child discount _____

Grand Total to be entered into FACTS = _____

___ I will be making 12 monthly payments through FACTS
(first payment July 2017 and last payment June 2018)

___ I will be making 10 monthly payments through FACTS
(first payment August 2017 and last payment May 2018)

___ I will be paying in full July 1, 2017

___ I will be applying for Financial Assistance through FACTS

Parent Signature _____