



Registration Form 2010-2011 School Year

A \$100 per student (not to exceed \$150 per family) non-refundable registration fee is due at the time of registration. This fee will be credited towards tuition for the 2010/2011 school year. Registrations are due March 31, 2010 in order to receive a 5% tuition discount. If all tuition for the 2009/2010 school year is not paid in full by August 1, 2010 your registration fee will be forfeited and your child will not be admitted for the 2010/2011 school year.

Family Information

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____	
Father _____	Home Phone _____
Address _____	City _____ State _____ Zip _____
Employer _____	
Work Phone (_____) _____	Cell Phone (_____) _____
Email _____	Responsible Billing Party: Yes No
Mother _____	Home Phone _____
Address _____	City _____ State _____ Zip _____
Employer _____	
Work Phone (_____) _____	Cell Phone (_____) _____
Email _____	Responsible Billing Party: Yes No
Please list your Parish: _____	
Non Denomination _____ Baptist _____ Lutheran _____ Other _____	
Statement of Non-Discrimination	
Saint Thomas Aquinas Academy does not discriminate on the basis of sex, race, or national origin in the enrollment of a participation of students or the employment of personnel.	

Student Information

- Please complete the student form on reverse for each student in your family who will be attending Saint Thomas Aquinas Academy in the fall of 2010.

Saint Thomas Aquinas Academy
Catholic Central/Holy Family Campus
1200 Main Street
Marinette, WI 54143
(715) 735-7481

St. Mary Elementary Campus
141 S. Wood Avenue
Peshtigo, WI 54157
(715) 582-4041

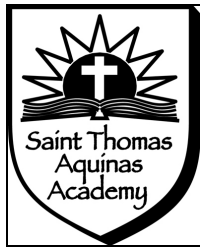
www.thomas-aquinas.org

Name _____ Sex: M F
Address _____ Grade Entering _____
City _____ State _____ Zip _____
Birth Date _____ Birth Place _____ Social Security # _____
Religious Affiliation _____ Parish _____
Student lives with: Father _____ Mother _____ Both _____ Other _____

Name _____ Sex: M F
Address _____ Grade Entering _____
City _____ State _____ Zip _____
Birth Date _____ Birth Place _____ Social Security # _____
Religious Affiliation _____ Parish _____
Student lives with: Father _____ Mother _____ Both _____ Other _____

Name _____ Sex: M F
Address _____ Grade Entering _____
City _____ State _____ Zip _____
Birth Date _____ Birth Place _____ Social Security # _____
Religious Affiliation _____ Parish _____
Student lives with: Father _____ Mother _____ Both _____ Other _____

Name _____ Sex: M F
Address _____ Grade Entering _____
City _____ State _____ Zip _____
Birth Date _____ Birth Place _____ Social Security # _____
Religious Affiliation _____ Parish _____
Student lives with: Father _____ Mother _____ Both _____ Other _____



Automatic Payment Plan Agreement

Name _____
Bank or Financial Institution _____
Routing Number of Bank or Financial Institution _____
Checking Account Number _____
Savings Account Number _____
Payment Amount \$ _____ Date to withdraw (Circle one) 5th or 20th

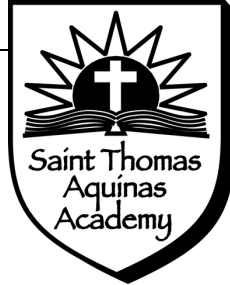
Monthly payments begin in July and end the following June.

- I desire to budget tuition payments to Saint Thomas Aquinas Academy. I authorize Saint Thomas Aquinas Academy through the Stephenson National Bank and Trust (Bank) to automatically debit the above checking **or** savings account at the above stated institution on the day specified above.
- If a checking account is selected, a voided check must be attached. If a savings account is selected, it can not be a passbook type account.
- If my account balance is insufficient to cover the payment and the payment is missed, I agree to pay the missed payment and a \$20 service charge directly to Saint Thomas Aquinas Academy.
- Saint Thomas Aquinas Academy agrees to have the bank directly charge my account for the above stated service fee.
- I have the right to stop payment on an individual debit or to have debits changed by providing written notification to Saint Thomas Aquinas Academy within five (5) business days prior to the transfer date.
- Saint Thomas Aquinas Academy, the Bank, or I can terminate this agreement at any time. However, termination must be in the form of written notification and in such a manner as to afford affected parties a reasonable time to act on it.
- I have read the document and agree to the terms listed.

_____ Signature of Parent or Guardian	_____ Date
_____ Signature of School Representative	_____ Date
_____ Bank Acknowledgement	_____ Date
Please cancel my automatic transfer.	
_____ Customer Signature	_____ Date

Bank Authorization

Date



The mission of Saint Thomas Aquinas Academy is to provide affordable education in the Catholic teaching tradition that inspires in students a life long thirst for knowledge, wisdom, and truth; a desire to reach the full potential which God intended for them; and a recognition of the discipline of mind and heart required for effective service to others in the love of God.

Tuition Assistance Information

Tuition Scholarships:

Several tuition scholarships are available for all students. **Please fill out the Catholic School Tuition Assistance Form to start the process of consideration for all scholarships.** The form requests applicable financial information and is to be **mailed directly to the CSTAS office.** This process helps ensure the confidentiality of your financial information. **All tuition aid applications must arrive at the Catholic School Tuition Assistance Service by April 30th.** Forms received after April 30th will still be considered for financial assistance based on available funds.

Please inform the Saint Thomas Aquinas Business office that you submitted a tuition assistance application and when it was mailed.

Tuition assistance allocations will be made by July 1st and will be based on the recommendation of the CSTAS office and available tuition assistance funds.