



REGISTRATION

- **Please be sure to complete all parts of the registration form.**
- **Registrations must include a non-refundable student enrollment fee of \$500 of which \$200 will be applied to tuition.**
- **Financial aid must be applied for separately through FACTS Grant & Aid.**

Student Information

Date of Registration: _____ / _____ / _____ to Grade: _____ Male Female

Name of Student: _____
Last First Middle

Address: _____
Street Address Apartment/Unit#
City/Town State Zip Code

Home Phone: () _____ Student's Cell Phone: () _____

Student's Email Address: _____

Date of Birth: _____ / _____ / _____

Place of Birth: _____

Current School: _____ City/Town: _____

Religion: _____ Parish or Place of Worship: _____

Citizenship: U.S. Citizen Green Card I-20 (International Fee Required) Height: _____ Weight: _____

Race: African American Caucasian Multicultural
 Asian American Latino/Hispanic Native American Other (specify): _____

Do you have any illness or disability which may interfere with your studies, or extracurricular activities? yes no

If yes, please indicate which (i.e. ADD, dyslexia, allergies etc.) and explain why: _____

Family Information

Applicant Resides with: Both Parents Mother Father Other (please specify): _____

Should both parents, (if different addresses), receive school mailings? yes no n/a

If no, which parent/guardian should receive mailings? _____

Would Grandparents like to receive school publications and other information from Lowell Catholic High School? yes no

Name Street Address City/Town State Zip

Name Street Address City/Town State Zip

May Lowell Catholic High School use your student's name and/or photo in school related publications? yes no

Language Spoken in the Home: _____
If parent/guardian's primary language is not English, is someone able to translate? yes no

If yes, whom: _____ Phone Number: () _____

Family Information (Continued)

Father's Full Name: _____ Email Address: _____

Father's Home Address (If different from your own):

Street Address _____ City/Town _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Father's Title/Position: _____ Father's Employer: _____

Company Address: _____

Mother's Full Name: _____ Email Address: _____

Mother's Home Address (If different from your own):

Street Address _____ City/Town _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Mother's Title/Position: _____ Mother's Employer: _____

Company Address: _____

Do you have a sibling(s) currently attending Lowell Catholic High School yes no

If yes, Name(s) and grade: _____

List any parent or relative who is an alum of Lowell Catholic or one of its legacy schools:

Name	Address	School	Grad. Year

Tuition Payment Preference

A tuition plan must be selected upon registration. Financial aid, if awarded, will be applied at a later date.

- | | |
|---|--|
| One Payment (full tuition, less \$150 pre-payment discount) | <input type="checkbox"/> Due July 1, 2010 |
| Two Payments (1/2 tuition each) | <input type="checkbox"/> Due July 1 and December 1, 2010 |
| Four Payments (Quarterly) | <input type="checkbox"/> Due June 1, September 1, December 1 and March 1 |
| FACTS (11 automatic monthly payments) | <input type="checkbox"/> Due June 2010 - April 2011 |

Please initial here to authorize FACTS re-enrollment: _____

Who is responsible for the tuition account? _____
Name

Address: _____
Street Address _____ Apartment/Unit# _____
City/Town _____ State _____ Zip Code _____

I/we the parents of _____ certify that all of the above information is true and correct. I/we understand the necessity of advising Lowell Catholic High School of any informational changes that may occur during the school year. I/we agree to abide by the tuition payment policy as set forth in the parent-student handbook and also understand that the student enrollment fee of \$500 is **non-refundable**.

Parent/Guardian _____ Parent/Guardian _____ Date _____

Optional

PACE (Parents Alliance for Catholic Education) is an advocacy group for our students. PACE lobbies state and federal agencies for funding for our students. In order for PACE to aggressively and comprehensively solicit funding, it is necessary to have accurate socioeconomic demographic statistics available. Please complete the following questions to the best of your ability. All information will remain at Lowell Catholic High School. Statistics provided to PACE will be kept completely confidential. No family names or addresses will be provided.

Primary Language: _____ Secondary Language: _____ Language Spoken in Home: _____

Monthly Household Income: Less than \$1,869 \$1,870 - \$2,353 \$2,354 - \$2,837 \$2,838 - \$3,321 \$3,322 - \$3,805 \$3,806 - \$4,249 \$4,290 - \$4,773 Greater than \$4,774