## St. Anthony Academy Registration Form

## 20\_\_ - 20\_\_ School Year

It is my intention to en I understand that the actuition, and that this de	ccompanyi	ng deposit of	\$200 per	•		•	
FAMILY NAME							
Address:							
Phone Number:	(father)					(mother)	
Email:	(father)				(mother)		
Student Name	<u>Grade</u>	Birth Date		Student Name	<u>Grade</u>	Birth Date	
Comments:							
Parent Signature		 Date		Parent S	ionature		

Please return this signed form along with required deposit to St. Anthony Academy. A contract and associated documents will be mailed to you for your signature.

St. Anthony Academy 10201 Main St. Suite 125 Fairfax, Virginia 22030 703-330-2121