

St. Anthony Academy Registration Form

20 __ - 20 __ School Year

It is my intention to enroll my child/children in St. Anthony Academy for the 20__ - 20__ school year. I understand that the accompanying deposit of \$200 per student will be applied to the first month's tuition, and that this deposit is non-refundable.

FAMILY NAME _____

Address: _____

Phone Number: _____ (father) _____ (mother)

<u>Student Name</u>	<u>Grade</u>	<u>Student Name</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

_____	_____	_____	_____
Parent Signature	Date	Parent Signature	Date

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