All Saints Catholic School

2700 N. Kentucky, Roswell, N.M. 88201
575- 627-5744 www.allsaintsroswell.com

2026-2027 Registration Form

Start date: _____

Student Name: _____ Nickname:_____ Birth Date: _____

Mailing Address: _____Zip Code:_____

Physical Address (if different): _____

Home Phone Number: _____ EMAIL:_____

With whom does student live? Both Parents Mother Only Father Only

Grandparents Father & Step-Mother Mother & Step-Father Other _____

Father's Name: _____ Mother's Name: _____

Legal Guardian:_____ Legal Guardian:_____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Check one grade level:

Pre-K 3's ___ Part-time_____ Full-time_____ Pre-K 4's ___ Part-time_____ Full-time_____

Kindergarten ___ First Grade ___ Second Grade ___ Third Grade ___

Fourth Grade ___ Fifth Grade ___ Sixth Grade ___ Seventh Grade ___ Eighth Grade ___

* **Extended Care** is available for all classes. Please indicate if your child will be attending:
Circle one: Yes or No

* **Are you interested in Tuition Assistance (K-8)? _____Yes _____No.** If Yes, a Tuition Assistance Application MUST be completed by going to **www.allsaintsroswell.com** and clicking on the school tuition link no later than May 1st.

Registration fee is due with registration form in order to reserve your child's space.
Registration fees are not refundable unless application is not accepted.

_____ _____
Parent or Guardian Signature Date

Referred By:_____ **Referral Award Date Paid:_____**

Office Use Only:

Registration Fee Paid: _____ *Immunization Records:*_____ *Sacraments:*_____

Other: _____ *Birth Cert.*_____